

# SEIZURE QUESTIONNAIRE



Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

### CONTACT INFORMATION:

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Other Emergency Contact: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Child's Neurologist: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Child's Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Significant medical history or conditions: \_\_\_\_\_

### SEIZURE INFORMATION:

- When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_
- Seizure type(s): \_\_\_\_\_

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

- What might trigger a seizure in your child? \_\_\_\_\_
- Are there any warnings and/or behavior changes before the seizure occurs? YES NO  
 If YES, please explain: \_\_\_\_\_
- When was your child's last seizure? \_\_\_\_\_
- Has there been any recent change in your child's seizure patterns? YES NO  
 If YES, please explain: \_\_\_\_\_
- How does your child react after a seizure is over? \_\_\_\_\_
- How do other illnesses affect your child's seizure control? \_\_\_\_\_

### BASIC FIRST AID: Care and Comfort Measures

- What basic first aid procedures should be taken when your child has a seizure in school? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Basic Seizure First Aid:**

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side after seizure

- Will your child need to leave the classroom after a seizure? YES NO  
 If YES, What process would you recommend for returning your child to classroom: \_\_\_\_\_  
 \_\_\_\_\_

**SEIZURE EMERGENCIES**

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Has child ever been hospitalized for continuous seizures? YES NO  
 If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

A Seizure is generally considered an Emergency when:  
 ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes  
 ✓ Student has repeated seizures without regaining consciousness  
 ✓ Student has a first time seizure  
 ✓ Student is injured or diabetic  
 ✓ Student has breathing difficulties  
 ✓ Student has a seizure in water

**SEIZURE MEDICATION AND TREATMENT INFORMATION**

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

14. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

\* After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.      \*\* Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? \_\_\_\_\_

16. Should any of these medications be administered in a special way? YES NO  
 If YES, please explain: \_\_\_\_\_

17. Should any particular reaction be watched for? YES NO  
 If YES, please explain: \_\_\_\_\_

18. What should be done when your child misses a dose? \_\_\_\_\_

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Does your child have a Vagus Nerve Stimulator? YES NO  
 If YES, please describe instructions for appropriate magnet use: \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL COMMUNICATION ISSUES**

21. What is the best way for us to communicate with you about your child's seizure(s)? \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL CONSIDERATIONS & PRECAUTIONS to be completed with the SCHOOL NURSE**

22. Check all that apply and describe any considerations or precautions that should be taken

- General health/coping \_\_\_\_\_
- Physical functioning \_\_\_\_\_
- Physical Education/sports \_\_\_\_\_
- Recess: \_\_\_\_\_
- Field Trips: \_\_\_\_\_
- Bus Transportation: \_\_\_\_\_
- Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dates Updated: \_\_\_\_\_