



QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES



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 health office. New forms are required each school year.

Contact Information:

Student's Name:	Date of birth:	School Year:
School:	Grade:	Classroom:
Child's Neurologist:	Telephone #:	Location:
Child's Primary Care Dr.:	Telephone #:	Location:
Parent/Guardian Name:		
Telephone #:	Work #:	Cell #:
Other Emergency Contact:		
Telephone #:	Work #:	Cell #:

Seizure Information:

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

Seizure Type	Length	Frequency	Description

- 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: _____

5. When was your child's last seizure: _____

6. Has there been any recent change in your child's seizure patterns? Yes No

If YES, please explain: _____

7. How does your child react after a seizure is over? _____

8. How do other illnesses affect your child's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. 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

10. 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*).

A Seizure is 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



12. Has your child ever been hospitalized for continuous seizures?

Yes

No

If YES, please explain. _____

SEIZURE MEDICATION AND TREATMENT INFORMATION

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

Medication	Date Started	Dosage	Frequency & time of day taken	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 2nd or 3rd 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 medications available to give your child for missed dose?

Yes

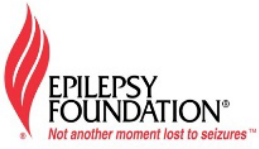
No

20. Do you wish to be called before backup medication is given for a missed dose?

Yes

No





21. Does your child have a Vagus Nerve Stimulator? Yes No

If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

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

- General health: _____
- Physical education (gym)/sports: _____
- Physical functioning: _____
- Recess: _____
- Learning: _____
- Field trips: _____
- Behavior: _____
- Bus transportation: _____
- Mood/coping: _____
- Other: _____

GENERAL COMMUNICATION ISSUES

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

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? Yes No

Parent/Guardian Signature

Date

Health Para Signature

Date

Licensed School Nurse Signature

Date