



SEIZURES SUPPLEMENTAL FORM SCHOOL YEAR: _____

Student's Name: _____

Student's Date of Birth: _____

Grade: _____

School: _____

You have checked on school records that this student has **seizures**. It is important to have at least annual health information when a student needs help at school. Please complete this form and return it to the school so that a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, you may call the District Nurse at 503-769-4930.

How often do the seizures occur?

When did your child last experience a seizure? _____

Has hospitalization or emergency room visit been needed in the past year for seizures? No _____ Yes _____ When? _____

Seizures are currently being treated by Dr.: _____ Phone: _____

What does the seizure usually look like and how long does it last? _____

List conditions which generally cause the seizure (e.g., noise, blinking lights), etc. _____

Does your child need any special activity adaptations/protective equipment (e.g., helmet) at school? No _____ Yes _____

How long after the seizure before the child can return to his/her regular activities? _____

Are Medications needed to control the seizure(s)? _____ No _____ Yes (Please list below)

	Medication	Amount Taken	When
1.			
2.			
3.			

Circle the number of any of these medications to be taken at school¹.

Please advise the school immediately of changes in dose and/or type of medication.

The usual procedure at school for a student having a seizure is:

- Stay with student through seizure, speaking gently.
- Provide for student safety by removing nearby hazardous objects, loosening clothing at neck and waist, protecting head from injury, as pertinent.
- Remove other students from the immediate environment to give as much privacy as possible.
- Time the seizure.
- Observe student for inadequate breathing; when seen call 911.
- Observe for continuous seizure activity *over 5 minutes* in duration; when seen, call 911
- Advise parent of seizure.
- Re-orient the student and guide student to safe locality.
- Provide rest as needed for student after seizure.

If you want additional help given, or have other concerns, describe here².

Parent Signature

Date

¹Your district has a policy regarding taking medication at school. Please check with your child's school for direction.

²Tests and activity restrictions require written direction from the student's doctor.