

# PITTSFORD CENTRAL SCHOOL DISTRICT

## Parent Interview Questionnaire for Individualized Health Plan

### SEIZURE ACTIVITY

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Teacher \_\_\_\_\_ Information provided by \_\_\_\_\_ Date \_\_\_\_\_

Please answer all questions. Use the back of this form for explanation or any additional information you feel important for us to know.

Who does your child see for regular health visits? \_\_\_\_\_ Phone \_\_\_\_\_

Who does your child see for seizure management? \_\_\_\_\_ Phone \_\_\_\_\_

When was your child diagnosed with seizure disorder? \_\_\_\_\_ at age \_\_\_\_\_

Has your child been diagnosed with any other medical conditions?

No  Yes (explain) \_\_\_\_\_

What symptoms does your child experience during a seizure? \_\_\_\_\_

Is your child aware of an aura (distortion of vision, hearing or smell) before a seizure? \_\_\_\_\_

How would your child describe any of the above symptoms? \_\_\_\_\_

Does your child lose consciousness during a seizure? \_\_\_\_\_

How often does your child experience a seizure? \_\_\_\_\_

How long does your child's seizure typically last? \_\_\_\_\_

When was your child's last seizure (date/time/duration)? \_\_\_\_\_

Has your child experienced a seizure lasting longer than five minutes? \_\_\_\_\_ at age \_\_\_\_\_

Has your child ever gone to the emergency room or been hospitalized for his/her seizures?

No  Yes (explain) \_\_\_\_\_

What events might trigger a seizure for your child? \_\_\_\_\_

What medications does your child take to manage his/her seizure disorder?

Name of medication	Amount	When taken

Has your child been instructed on when and how to take these medications independently?  No  Yes

Are there any side effects from your child's medications that his/her teacher needs to be aware of?

No  Yes (explain) \_\_\_\_\_

Is your child participating in sports or school sponsored extra-curricular activities?  No  Yes

What are your child's feelings about having a seizure disorder? \_\_\_\_\_

Is your child comfortable alerting others when experiencing symptoms of a possible seizure?  No  Yes

Does your child wear a "medic alert" necklace/bracelet?  No  Yes

Do you feel your child's understanding of his/her seizure disorder is?

very good  good  fair  limited

Has your physician indicated **in writing** that your child needs any special accommodations in school?

No  Yes (explain) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Pittsford Central School District

## EMERGENCY CARE PLAN: TONIC CLONIC SEIZURE DISORDER

### To be completed by Parent

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Diabetic:  yes  no Insurance: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

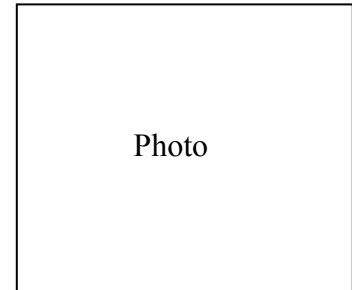
Father's Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

I give permission to share this plan with physician and school staff. I agree with the physician's orders as outlined below.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SIGNS OF A GENERALIZED TONIC CLONIC SEIZURE (GRAND MAL) MAY INCLUDE:

- Sudden loss of consciousness
- Fall to the ground, sometimes with a cry
- Entire body usually becomes rigid, then jerking of the face, trunk and limb ensues
- Bladder control may be lost
- Breathing may be shallow or may even stop
- When seizure activity stops, the child may be confused, drowsy or complain of headache



### EMERGENCY PLAN IN THE EVENT OF A SEIZURE:

- Clear the area
- Ease child gently to the floor, gently turn on side and place blanket or soft flat object under head
- Loosen any tight clothing around the neck
- **Do not** restrain movements or put anything in the mouth
- Check time to note what time seizure started
- Reassure child when he/she wakes up
- On bus, lay across a double or triple seat and proceed as above
- Contact school nurse at \_\_\_\_\_ and parent.

If a single seizure lasts less than 5 minutes, no other medical assistance is usually needed. If there are multiple seizures or if one seizure lasts longer than 5 minutes, call 911. Breathing may be shallow during a seizure and may even stop. This can give the child's lips or skin a bluish tinge, which corrects naturally as the seizure ends. In the unlikely event that breathing does not begin again, check the child's airway for obstruction and begin CPR.

### To be completed by Physician

**Diagnosis (Type of Seizures)** \_\_\_\_\_

**Other Diagnoses** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Treatment prescribed** \_\_\_\_\_  
medication(s)/dose/route

**Activity Restrictions Needed**  No  Yes (explain) \_\_\_\_\_

I agree with this plan (check one)

as written

with the following modifications: \_\_\_\_\_

**Doctor Name (Please Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Doctor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This plan is in effect for the current school year.

Please return to \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_