

Pocatello/Chubbuck School District No. 25

Seizure Management Information

Seizure Management Information is essential for the school staff to assist your child in the event of a seizure. If you have questions about how to complete this form, please contact your child's school secretary.

Contact Information

Student's Name	School Year	Date of Birth	
School	Grade		
Parent/Guardian Name	Phone	Work	Cell
Parent/Guardian Email			
Other Emergency Contact	Phone	Work	Cell
Child's Primary Care Doctor	Phone	Location	
Significant Medical History or Conditions			

Seizure Information

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s): _____

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

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 & Comfort

9. What basic first aid procedures should be taken when your child has a seizure in school?

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 the classroom? Please explain:

Seizure Emergencies

11. Please describe what constitutes a seizure emergency for your child? (Answer may require consultation with child's physician.) _____

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 and Time of Day Taken	Possible Side Effects

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

Medication	Dosage	Administration Instructions	What to Do After Administration

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 if your child misses a dose? _____

19. Should the school have backup medication available to give your child for a 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:

NOTE: If medication is required to be administered, whether by the student or staff, please refer to Policy and Procedure 8128 - Student Illnesses, Injury and Medication.

Special Considerations & Precautions

22. Check all that apply and describe any consideration or precautions that should be taken:
- | | |
|---|--|
| <input type="checkbox"/> General health | <input type="checkbox"/> Physical education (gym/sports) |
| <input type="checkbox"/> Physical functioning | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Bus transportation |
| <input type="checkbox"/> Mood/coping | <input type="checkbox"/> Other |

General Communication Issues

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

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel on a need to know basis? YES NO

Parent/Guardian Signature

Date

References: 2008 Epilepsy Foundation of America, Inc.