EPILEPSY FOUNDATION®

Questionnaire for Parent of Student with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child'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 | Phone | Work | Cell

Parent/Guardian Email

Other Emergency Contact | Phone | Work | Cell

Child's Neurologist | Phone | Location

Child's Primary Care Doctor | Phone | Location

Significant medical history or conditions

Seizure Information

1. When was your child diagnosed with siezures 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
   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 & 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 classroom:

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

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:

- ☐ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ☐ Student has repeated seizures without regaining consciousness
- ☐ Student is injured or has diabetic
- ☐ Student has a first-time seizure
- ☐ 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 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 medication 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 consideration 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

Dates _____
Updated _____

Parent/Guardian Signature _____ **Date** _____