



## Westerville City Schools

936 Eastwind Drive, Westerville, OH 43081  
Main Office (614)797-5700, Fax (614)797-5701

Waalidka/Mas'uulka Qaaliga ahoow,

Marka loo eego diiwaanadayada caafimaadka, ardaygaagu wuxuu horay u qabay qalal. Fadlan foomkan lifaaqan soo buuxi oo ku soo celi dugsiga si loo hubiyo in ilmahaagu helo daryeelka ku habboon inta uu dugsiga joogo. Bixiyeyaasha caafimaadku waxay isticmaali karaan foomamkooda saxiixan ilaa intay ku jiraan dhammaan qorshaha wax-ka-qabadka lagama maarmaanka ah iyo macluumaadka daawooyinka loo qoray.

1. "Su'aalaha La Waydiinayo Waalidka Ardayga Qalalka Qaba" - Waalidka/Masuulka waa inuu dhammaystiro oo saxiixo (2-dhinac/boggag).

2. "Qorshaha Wax-ka-qabadka Qalalka" - Waa inuu dhamaystiraan oo ay saxiixaan waalidka/masuulka iyo bixiyaha caafimaadka labadaba (2-dhinac/boggag). Haddii ilmahaagu u baahan yahay inay dawooyinka heli karaan inta uu dugsiga ku jiro, fadlan daryeel bixiyehooda caafimaad ha ku soo qoro codsiga dawada foomkan. Foomka WAA IN uu bixiyaha caafimaadku saxiixaa. Daawooyinka waxa lagu hayn doonaa rugta caafimaadka dugsiga.

3. "Daawada qalalka LOOGAMA baahno dugsiga" - Fadlan buuxi oo saxiix haddii ilmahaagu qalal qabo laakiin aan dugsiga daawo looga baahnayn.

Wixii su'aal ama walaac ah ee aad qabto fadlan wac ama iimayl u dir kalkaalisada dugsiga ardaygaaga.

Mahadsanid,

Kalkaalisada Dugsiga WCSD

# QORSHAHA WAX-KA-QABADKA SUUXDINTA (SAP)



**ENDEPILEPSY**

Magaca: \_\_\_\_\_ Taariikhda dhalasha: \_\_\_\_\_  
 Ciwaanka: \_\_\_\_\_ Taleefonka: \_\_\_\_\_  
 Waalidka/Mas'uulka: \_\_\_\_\_ Taleefonka: \_\_\_\_\_  
 Xiriirka degdega ah/Waxaad isku tihiin \_\_\_\_\_ Taleefonka: \_\_\_\_\_

## Macluumaadka Suuxdinta

Nooca Suuxdinta	Illaa Inta suuxdinta socoto	Inta jeer ee ay Dhacdo	Waxa Dhaco

Hab-maamuuska suuxdinta inta la joogo dugsiga (calaamadee dhammaan inta ku khuseeysa)

- Gargaarka degdega ah– **Joog. Dhinaca. Badbaadada.**
- Sii daaweynta samatabbixinta sida uu qabo Qorshaha Wax-Ka-Qabadka Suuxdinta (SAP)
- Ogeysii waalidka/xiriirka degdega ah
- Kala xiriir kalkaalisada dugsiga \_\_\_\_\_
- Wac 911 si aad u hesho gaadiid loogu qaado \_\_\_\_\_
- Wax kale \_\_\_\_\_

## Gargaarka degdega ah ee lagula tacaalo suuxdin kasta

- ISDEJI**, xasiloonow, **xisaabi waqtiga suuxdinta socoto**
- I **BADBAADI** – iga fogee walxaha waxyeelada leh, ha i xakamayn, madaxa ii ilaali
- DHINACA** – dhinaca u leexi haddii aanan soo jeedin, ilaali marinka hawada, afka walxo haka gelin
- JOOG** illaa suuxdinta uu qofka ka soo kaco
- Mari bir-qabatada (magnet) si aad u hesho VNS
- Qor waxa dhaca \_\_\_\_\_
- Wax kale \_\_\_\_\_

## Marka ay tahay inaad wacdo 911

- Suuxdin leh miyir beelid in ka badan 5 daqiiqo, oo aan ka falcelinaynin samatabbixinta caafimaadka haddii la helo
- Suuxdin soo noqnoqota in ka badan 10 daqiiqo, oo aan lahayn wax kasoo kabasho ah, aan ka falcelinaynin samatabbixinta caafimaadka haddii la helo
- Neefsashada oo ku adkaata suuxdinta ka dib
- Dhaawac halis ah haddii uu jiro ama laga shakisan yahay inuu jiro, ku dhax suuxidda biyaha

## Goorta la wacayo bixiyahaaga marka hore

- Isbeddelka nooca suuxdinta, tirada ama qaabka
- Qofka oo aan ku soo noqon sidiisi caadiga ahayd (tusaale, inuu wareersanaado muddo dheer)
- Suuxdintii ugu horreysay ee iskeed u joogsato
- Dhibaatooyinka kale ee caafimaad ama uurka ayaa u baahan in la hubiyo

## Marka daawaynta samatabbixinta loo baahan karo:

### GOORTA IYO WAXA AY TAHAY IN LA SAMEEYO

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) \_\_\_\_\_

Magaca Daawada/Daawada Dhakhtarka uu qoray \_\_\_\_\_ Intee in le'eg ayaa la siinayaa (qiyaasta) \_\_\_\_\_

Sida loo siinayo \_\_\_\_\_

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) \_\_\_\_\_

Magaca Daawada/Daawada Dhakhtarka uu qoray \_\_\_\_\_ Intee in le'eg ayaa la siinayaa (qiyaasta) \_\_\_\_\_

Sida loo siinayo \_\_\_\_\_

Hadii ay tahay Suuxdin (nooca, # ama muddada ay socoto) \_\_\_\_\_

Magaca Daawada/Daawada Dhakhtarka uu qoray \_\_\_\_\_ Intee in le'eg ayaa la siinayaa (qiyaasta) \_\_\_\_\_

Sida loo siinayo \_\_\_\_\_

## Daryeelka Suuxdinta kadib

Caawimaad nooc ee ah ayaa loo baahan yahay? (qeex) \_\_\_\_\_

Goormee ayuu ardaygu dib u bilaabi karaa dhaqdhaqaaqyada caadiga ahaa? \_\_\_\_\_

## Tilmaamaha gaarka ah

Gurmadka hore: \_\_\_\_\_

Waaxda Gurmadka: \_\_\_\_\_

## Daawada maalinlaha ah ee suuxdinta

Magaca Daawada	Wadarta Qaddarta maalinlaha ah	Qadarka Kaniinka/ Dareeraha	Sida loo qaato (waqtiga la qaadanayo qiyaas kasta iyo inta la qaadanayo)

## Macluumaad kale

Kiciyayaasha: \_\_\_\_\_

Taariikhda Caafimaad ee Muhiimka ah \_\_\_\_\_

Xasaasiyadaha \_\_\_\_\_

Qalliinka Qallalka (nooca, taariikhda, waxyeellooyinka) \_\_\_\_\_

Qalabka:  VNS  RNS  DBS Taariikhda la beeray

Daaweynta Cuntada  Cuntooyinka ay ku badan tahay Dufanka oo ay ku yar tahay kaarbohaydarayt  Cuntooyinka aan Sonkorta

kicinin  Cuntooyinka qalalka lagu daaweeyo  Wax kale (qeex)

Tilmaamo gaar ah: \_\_\_\_\_

## Xiriirada daryeelka caafimaadka

Daryeelaha Caafimaadka ee Qalalka: \_\_\_\_\_ Taleefonka: \_\_\_\_\_

Daryeelaha Koowaad: \_\_\_\_\_ Taleefonka: \_\_\_\_\_

Isbitaalka La Doorbido: \_\_\_\_\_ Taleefonka: \_\_\_\_\_

Farmashiyaha: \_\_\_\_\_ Taleefonka: \_\_\_\_\_

Saxiixayga \_\_\_\_\_ Taariikhda \_\_\_\_\_

Saxiixa Daryeelaha Caafimaadka/Bixiyaha \_\_\_\_\_ Taariikhda \_\_\_\_\_

## Epilepsy.com

Fadlan ka jawaab dhammaan su'aalaha. Macluumaadkan ayaa lama huraan u ah kalkaalisada dugsiga iyo shaqaalaha dugsiga si ay u go'aamiyaan baahiyaha gaarka ah ee ilmahaaga qabo iyo bixinta jawi waxbarasho oo togan oo taageero leh. Haddii aad wax su'aalo ah ka qabto sida loo buuxiyo foomkan, fadlan la xiriir kalkaalisada dugsiga ilmahaaga.

### Macluumaadka Xiriirka

Magaca Ardayga	Sanad Dugsiyeedka	Taariikhda Dhalashada	
Dugsiga	Fasalka	Qolka waxbarasho	
Waalidka/Mas'uulka	Telefoonka	Shaqada	Taleefonka Gacanta
Iimaylka Waalidka/Mas'uulka			
Xiriirka Deg-degga ah ee kale	Telefoonka	Shaqada	Taleefonka Gacanta
Dhaktarka Neerfaha ee Cunuga	Telefoonka	Goobta	
Dhaktarka Daryeelka Koowaad ee cunuga	Telefoonka	Goobta	
Taariikhda Caafimaadka ama Xaaladaha Muhiimka ah			

### Macluumaadka Suuxdinta

1. Goorma ayaa ilmahaaga laga helay suuxdinta ama qalalka? \_\_\_\_\_

2. Nooca(yada) suuxdinta

Nooca Suuxdinta	Inta ay socotay	Inta jeer ay soo noq-noqota	Calaamadaha

3. Maxaa ilmahaaga ku kicin kara suuxdinta? \_\_\_\_\_

4. Ma jiraan wax digniino ah iyo/ama isbeddel hab-dhaqameed ka hor inta ay suuxdintu dhicin?  HAA  MAYA

Haddii ay jawaabtu HAA tahay, fadlan sharrax: \_\_\_\_\_

5. Goorma ayay ilmahaaga ku dhacday suuxdintii ugu dambaysay? \_\_\_\_\_

6. Ma jiraan wax isbeddel ah oo dhowaan ku yimid qaababka suuxdinta ugu dhacdo ilmahaaga?  HAA  MAYA

Haddii ay jawaabtu HAA tahay, fadlan sharrax: \_\_\_\_\_

7. Sidee buu u falceliyaa cunugaaga kadib marka ay suuxdintu dhamaato? \_\_\_\_\_

8. Sidee jirrooyinka kale u saameeyaan xakamaynta suuxdinta ee ilmahaaga? \_\_\_\_\_

### Aasaasiyaadka Gargaarka Degdegga ah: Daryeelka & Raaxada

9. Waa maxay hab-raacyada aasaasiga ah ee gargaarka deg-degga ah ee la sameeyo marka ilmahaagu suuxdin ku qabato dugsiga?

10. Ilmahaagu ma u baahan doonaa inuu ka tago fasalka suuxdinta kadib?  HAA  MAYA  
Hadii ay jawaabtu HAA tahay, habkee ayaad ku talin lahayd si ilmahaaga dib loogu soo celiyo fasalka:

### Aasaasiyaadka Gargaarka Deg-degga ah ee Suuxdinta

- Isdeji oo waqtiga la soco
- Ilaali badbaadada cunuga
- Ha celin/xakamayn/xirxirin
- Waxba afka ha u gelin
- La joog ilmaha ilaa uu si buuxda uga soo miyirsado
- Diiwaanka ku qor suuxdinta

#### Suuxdinta kakananata-boodboodka leh:

- U difaac madaxa
- Marinka hawadu ha u furnaato/la soco neefsashadooda
- Canugga dhinac u rog

### Xaaladaha Degdegga ah ee Qalalka

11. Fadlan sharrax waxa ubadkaaga u ah xaalad degdeg ah. (Jawaabtu waxay u baahan kartaa in lagala tashado dhakhtarka daawaynaya iyo kalkaalisada dugsiga.)

12. Ilmaha weligii isbitaal ma loo dhigay qalal joogto ah?  HAA  MAYA

Haddii ay HAA tahay, fadlan sharrax:

### Qalalku guud ahaan waxaa loo tixgeliyaa xaalad degdeg ah marka:

- Suuxdinta (gariirka xoogan) qalalku wuxuu socdaa in ka badan 5 daqiiqo
- Ardaygu wuxuu qabaa qalal kusoo noqnoqda isagoon miyirkiisu soo laaban
- Ardaygu waa dhaawac ama wuxuu qabaa sonkor
- Ardaygu waa markii ugu horaysay ee uu suuxo
- Ardayga waxaa ku adag neefsashada
- Ardayga wuxuu ku dhex qalalaa biyaha

### Daawooyinka Qalalka iyo Macluumaadka Daawaynta

13. Daawooyinke ayuu ilmahaagu qaataa?

Daawooyinka	Taariikhda La Bilaabay	Qiyaasta	Inta Jeer iyo Wakhtiga la Qaadanayo Maalinta	Saamaynada Dhici kara

14. Waa maxay dawooyinka badbaadinta/degdega ee loosoo qoray ilmahaaga?

Daawooyinka	Qiyaasta	Tilmaamaha Daawo Siinta (wakhtiga* & habka**)	Maxaa la Sameynayaa Kadib Daawo Siinta

\* Kadib qalalka 2<sup>aad</sup> ama 3<sup>aad</sup> ee dhowr qalal ah, iwm.

\*\* Afka laga qaato, carabka hoostiisa la galiyo, dabada laga qaato, iwm.

15. Daawooyinke ayuu ilmahaagu u baahan doonaa inuu qaato saacadaha dugsiga? \_\_\_\_\_

16. Ma in dawooyinkan qaar kamid ah si gaar ah loo qaato baa?  HAA  MAYA

Haddii ay HAA tahay, fadlan sharrax: \_\_\_\_\_

17. Ma jirtaa wax falcelin gaar ah oo in loo fiirsado mudan?  HAA  MAYA

Haddii ay HAA tahay, fadlan sharrax: \_\_\_\_\_

18. Maxay tahay in la sameeyo marka ilmahaagu seego qaadashada dawada? \_\_\_\_\_

19. Miyay tahay in dugsigu haysto dawo kayd ah oo la heli karo si loo siiyo ilmahaaga hadduu seego qaadashada dawada?  HAA  MAYA

20. Ma waxad rabtaa in lagu soo waco ka hor inta aan dawada kaydka ah la siinin marka uu ilmahaagu seego isticmaalka dawada?

HAA  MAYA

21. Ilmahaagu ma qaataa qalabka Dareensiiyaha Dareemaha Faagas (Vagus)?  HAA  MAYA

Hadday HAA tahay, fadlan sharrax tilmaamaha isticmaalka bir-qabadka (magnet) ee ku habboon:

### Tixgelin iyo Ka Taxadir Gaar ah

22. Calaamadee dhammaan kuwa khuseeya oo sharrax tixgalin kasta ama taxaddar kasta oo ay tahay in la sameeyo:

- Caafimaadka Guud \_\_\_\_\_  Waxbarashada jimicsiga (jiimka/ciyaaraha) \_\_\_\_\_
- Shaqeynta jireed \_\_\_\_\_  Nasiinada \_\_\_\_\_
- Barashada \_\_\_\_\_  Safarrada dibadda \_\_\_\_\_
- Hab-dhaqanka \_\_\_\_\_  Gaadiidka Baska \_\_\_\_\_
- Niyadda/la qabsiga \_\_\_\_\_  Kale \_\_\_\_\_

### Arrimaha Isgaarsiinta Guud

23. Waa maxay habka ugu wanaagsan ee aan kaagala soo xiriiri karno qalalka ilmahaaga? \_\_\_\_\_

24. Macluumaadkan ma lala wadaagi karaa macalinka fasalka iyo shaqaalaha kale ee dugsiga ee ku haboon?  HAA  MAYA

Taariikhaha \_\_\_\_\_

La cusboonaysiiyay \_\_\_\_\_

Saxiixa Waalidka/Mas'uulka \_\_\_\_\_ Taariikhda \_\_\_\_\_

**Adeegyada Caafimaadka ee  
Dugsiyada Magaalada Westerville**

**Daawada QALALKA LOOGAMA baahno dugsiiga.**

*Fadlan saxiix oo foomkan u soo celi kalkaalisada dugsiiga*

Ardayga: \_\_\_\_\_

Waalidka/Mas'uulka Qaaliga ahoow,

Diiwaanadayadu waxay muujinayaan in ilmahaagu qabo qalal. Haddii aan dawo in dugsiiga lagu hayo aan loo baahnayn, fadlan saxiix foomkan oo u soo celi kalkaalisada dugsiiga. Haddii daawooyin ama waxqabadyo kale loo baahanyahay, fadlan kala shaqee dhakhtarkaaga si aad u buuxiso Qorshaha Waxqabadka Qalalka ee ku lifaaqan. Ku soo celi dugsiiga iyadoo ay la socoto wixi daawo ee loo baahan yahay.

Mahadsanid,

Kalkaalisada Dugsiiga WCSD

**Canugaygu, \_\_\_\_\_ uma  
baahna in daawadiisa qalalka dugsiiga loogu hayo. Haddii  
qorshahani isbeddelo waxaan isla markiiba la socod siin  
doonaa kalkaalisada dugsiiga.**

\_\_\_\_\_ **Taariikhda:** \_\_\_\_\_

**Saxiixa Waalidka/Mas'uulka**



# Westerville City Schools

936 Eastwind Dr., Westerville, OH 43081  
Main Office (614) 797-5700 Fax (614) 797-5701

## Vision

Our vision is  
to be the benchmark  
of educational  
excellence.

## Mission

Our mission is  
to prepare students  
to contribute  
to the competitive  
and changing world  
in which we live.

## Values

Respect  
Inclusiveness  
Community  
Communication  
Collaboration  
Innovation  
Nurturing  
Trust  
Accountability

Dear Parent/Guardian,

According to our health records your student has a history of seizures. Please complete and return to school the enclosed forms to ensure your student receives the appropriate care while in school. Medical providers may utilize their own signed forms as long as all necessary action plan and prescribing information is included.

1. **“Questionnaire for Parent of a Student with Seizures”** - Parent/Guardian to complete and sign (2-sided/pages).
2. **“Seizure Action Plan”** - To be completed and signed by both the parent/guardian and medical provider (2-sided/pages). If your student requires medications to be available to them while at school, please have their health care provider write the order for the medication on this form. The form **MUST** be signed by the medical provider. Medication will be kept in the school health clinic.
3. **“Seizure Medication NOT Required at School”** - Please complete and sign if your student has a diagnosis of seizures but no medication is required at school.

Please call or email your student’s school nurse with any questions/concerns.

Thank you,

WCSD School Nurses

# SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

### Protocol for seizure during school (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify parent/emergency contact
- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Other \_\_\_\_\_

### First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens \_\_\_\_\_
- Other \_\_\_\_\_

### When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

### When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

### When rescue therapy may be needed:

#### WHEN AND WHAT TO DO

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_



## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is student able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_

\_\_\_\_\_

Emergency Department: \_\_\_\_\_

\_\_\_\_\_

## Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other information

Triggers: \_\_\_\_\_

Important Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS  RNS  DBS Date Implanted \_\_\_\_\_

Diet Therapy  Ketogenic  Low Glycemic  Modified Atkins  Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## Health care contacts

Epilepsy Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature \_\_\_\_\_ Date \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_



# 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 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 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what process would you recommend for returning your child to classroom:

Basic Seizure First Aid
<ul style="list-style-type: none"> <li>Stay calm &amp; track time</li> <li>Keep child safe</li> <li>Do not restrain</li> <li>Do not put anything in mouth</li> <li>Stay with child until fully conscious</li> <li>Record seizure in log</li> </ul>
<b>For tonic-clonic seizure:</b> <ul style="list-style-type: none"> <li>Protect head</li> <li>Keep airway open/watch breathing</li> <li>Turn child on side</li> </ul>

### 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 diabetes
- 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 2<sup>nd</sup> or 3<sup>rd</sup> 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:

- |   |  |
|---|--|
| <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 seizure(s)? \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Dates \_\_\_\_\_  
Updated \_\_\_\_\_

Westerville City Schools  
Health Services

**SEIZURE Medication NOT required at school.**

*Please sign and return this form to the school nurse*

Student: \_\_\_\_\_

Dear Parent/Guardian,

Our records indicate that your child has a diagnosis of seizures. If no medications are required at school, please sign this form and return it to the school nurse. If medications or other interventions are required, please work with your doctor to fill out the enclosed Seizure Action Plan. Return it to school with any required medication.

Thank You,

WCSD School Nurse

---

My child, \_\_\_\_\_ does not require any medication at school for his/her seizures. I will inform the school nurse immediately if this plan changes.

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian Signature