

Nicole Quadros, BSN, RN
Sgt. Jordan Shay Memorial
Lower Elementary School
P: 978-388-3659 / F: 978-388-4961



Jody Omohundro, BSN, RN, NCSN
Amesbury Middle School
P: 978-388-0515 / F: 978-955-2562

Kieran Ford, RN
Cashman Elementary School
P: 978-388-4407 / F: 978-388-4479

Lead Nurse: Kristin Tierney, FNP-C, NCSN
Amesbury Innovation High School
P: 978-388-8037 / F: 978-388-8073

Michelle Parsons, BSN, RN
Amesbury High School
P: 978-388-4800 / F: 978-388-4919

Notification Regarding the Medical Questionnaire

What is a Questionnaire?

A questionnaire is an extensive collection of questions intended for parents or guardians to complete concerning the student's medical history, current health condition, self-care habits, psychosocial and cultural needs, along with academic achievements. The information gathered from these questions aids the school nurse in developing a custom Individualized Health Care Plan (IHCP). This foundational information equips the school nurse with the necessary details to create a plan that ensures the student's safety and supports their academic success. The last page of the questionnaire includes consents which must be completed annually.

What is an Individualized Health Care Plan (IHCP)?

An Individualized Health Care Plan (IHCP) is what a school nurse develops for students with chronic or substantial health conditions that necessitates continuous direct or indirect support from the school nurse. This document is typically distributed among APS health personnel to ensure consistent nursing care. It includes a brief past medical history, student's healthcare team members, emergency contacts, any allergies, list of medications, nursing diagnoses, nursing interventions and student health goals.

What if I've already completed a Questionnaire?

For students who are returning to school and may already have a questionnaire on record, we kindly request that you, as the parent or guardian, update or edit any changes that may have taken place over the past year. A printed copy of last year's questionnaire will be provided to you for review. The parent or guardian **must also complete the "CONSENT" portion of the questionnaire annually.**

My child has a NEW diagnosis or is NEW to the school

For new students in the district or a student that has a new diagnosis, we ask you to complete a questionnaire to the best of your ability so that a comprehensive Individualized Health Care Plan (IHCP) can be made.

I value your help in ensuring a safe and healthy school atmosphere for your child, as this will allow them to be at their healthiest and achieve optimal academic performance.

Sincerely,

X

Nicole Quadros, RN, BSN

Sgt. Jordan Shay Memorial Lower Elementary School Nurse

Please complete all questions. This information is essential in determining your child's needs and assisting us to better provide a positive, supportive, and safe learning environment.

This questionnaire was adapted by the Epilepsy Foundation at www.epilepsy.com

Student's Name: Student Name DOB: DOB Grade: Grade

Neurologist Information

Student's Neurologist: _____ Phone: _____ Fax: _____

Affiliated Hospital: _____ Address: _____

Primary Care Physician Information

Student's Primary Care Doctor: _____ Phone: _____ Fax: _____

Affiliated Hospital: _____ Address: _____

Past Medical History

Significant Medical History or Other Conditions: _____

Seizure Information

1) When was your child diagnosed with seizure 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 the 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 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 your 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 & 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

**Timing: After 2nd or 3rd seizure, for cluster of seizure, etc. **Method: 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 _____

APS Student _____ Student Name _____

DOB: _____ DOB _____

Consents

_____ I consent to the release of information contained in this Seizure Questionnaire to staff members and other adults who have custodial care of my child or have a legitimate educational interest in my child to maintain my child's health and safety.
Initials _____

_____ I consent to the release of information in the Seizure Action Plan (from the student's physician) to staff members and other adults who have custodial care of my child or have a legitimate educational interest in my child to maintain my child's health and safety.
Initials _____

_____ In addition to this plan, I will provide the school nurse with a copy of the school orders from my child's physician.
Initials _____

_____ The nurse has permission to contact my child's physician regarding this diagnosis.
Initials _____

_____ My child has permission to self-administer the above medications at school and/or school events, if the school nurse deems it appropriate.
Initials _____

By signing below, I agree that the information on this Seizure Questionnaire in regards to my child has been answered to the best of my ability. Should there be any changes to my child's health status, I acknowledge that it is my responsibility to notify the nurse as soon as possible.

_____ X _____
Parent/Guardian Print Initials Parent/Guardian Signature Today's Date

_____ X _____
School Nurse Print Initials School Nurse Signature Today's Date

APS nurses would like to make you aware of the following:

Sharing PII without Parental Consent

While obtaining consent is usually the best way to ensure compliance with state and federal law, it may sometimes prove impracticable. In these situations, certain narrow FERPA exemptions allow schools to disclose student information without consent. For example, students' educational records (including health information) may be shared with any of the following persons or in any of the following situations:

1. with school officials with a "legitimate educational interest,"
2. with other schools to which the student is transferring,
3. to comply with a judicial order or valid subpoena,
4. to appropriate officials in health and safety emergencies,
5. for educational studies or federal or state audits, and
6. with parties to whom the school has *outsourced institutional services or functions*.¹²

[pp 3]

"Data Sharing Guidance for School Nurses." *The Network for Public Health Law*. January 2020, <https://www.networkforphl.org/wp-content/uploads/2020/01/Data-Sharing-Guidance-for-School-Nurses-with-Appendices-1-23-2020.pdf>

