



Health Services Department

Seizure Health History Parent Questionnaire

Student Name: _____ Grade: _____ School Year: _____

Parent/Guardian Name: _____ Contact Number: _____

Neurologist: _____ Contact Number: _____

Primary Physician: _____ Contact Number: _____

Significant Medical History or Conditions: _____

Seizure Information

When was your child diagnosed with seizures or epilepsy? _____

Seizure Type	Average Length	Frequency	Description

What might trigger a seizure in your child? _____

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

If YES, please explain: _____

How often does your child have a seizure? ____ x a day ____ x a month Other: _____

When was your child's last seizure? _____

In the past year, have there been any changes in your child's seizure patterns? ☐ YES ☐ NO

If YES, please explain: _____

How does your child react after a seizure is over? _____

How do other illnesses affect your child's seizure control? _____

Special considerations & Precautions

List and describe any considerations or precautions that may need to be considered.

Updated March, 2026

Basic Seizure First Aid: Stay calm & track time Keep the child safe Do not restrain Do not put anything in your mouth Stay with the child until fully conscious Record seizure For tonic-clonic seizure: Protect head Keep the airway open/watch breathing Turn the child on its side	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 breathing difficulties Student has a seizure in water
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Basic First Aid: Care & Comfort

What basic first aid procedure should be taken when your child has a seizure at school?

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 class?

Medication and Treatment Information

What medication(s) does your child take?

Daily Medication	Dosage	Frequency & Time of Day Taken	Possible Side Effects

What emergency/rescue medications are prescribed to your child?

Emergency/Rescue Medication	Dosage	What to Do After Administration

Does your child have a Vagus Nerve Stimulator? ☐ YES ☐ NO

Parent Signature: _____ Date: _____