

CONTACT INFORMATION:

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 student'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.

Stu	dent's Name:			School Year:	Date of Birth:						
School: Parent/Guardian Name: Other Emergency Contact: Child's Neurologist: Child's Primary Care Dr.:				Grade:	Classroo	m:					
						(C):					
						(C):					
						ion:					
				Tel:	Location:						
Sig	nificant medical his	tory or cond	itions:								
	ZURE INFORMA		d:41:								
1.	When was your child diagnosed with seizures or epilepsy?										
2.	Seizure type(s):			D							
	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 chi	ld react after	r a seizure is ov	er?							
8.	How do other illne	sses affect y	our child's seiz	ure control?							
				_	Г	Basic Seizure First Aid:					
	SIC FIRST AID: (✓ Stay calm & track time✓ Keep child safe					
9.		•		n when your child has a s	seizure in - i	✓ Do not restrain					
	school?					✓ 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					
					'	✓ Turn child on side					
10	W7:111-11 1	. d 4 . 1 4		ton a column NEG NO							
10.	•			ter a seizure? YES NO end for returning your ch	aild to alegares	·m·					
	II IES, What	process wou	ia you recomm	end for returning your ch	mu to classioo	·····					

SE	ZURE EMERGI	ENCIES									
	Please describe w		A Seizure is generally considered an								
	consultation with tr			rgency when:							
		81 7			7 (00117 01017 0 (101110 0101110)						
								seizure lasts longer than 5			
							√	minutes Student has repeated seizures			
								without regaining consciousness			
	**			Student has a first time seizure							
12.	Has child ever be		✓	Student is injured or diabetic							
	If YES, please explain:							Student has breathing difficulties Student has a seizure in water			
									SD	ZURE MEDICA	TION AND T
13.	What medicatio	on(s) does you	ır child ta	ake?							
F	Medication Date Started			Dosage	Frequency and time of day			Possible side effects			
L											
14.	What emergenc	y/rescue med	are prescribed for	your c	hild?						
	Medication	Dosage	Adminis	stration Instru	ctions (tim	ing* & method**)	What	to do after administration:			
L	* After 2 nd or 3 rd sei.	zure for cluster o	seizure etc	** Or	ally under to	ongue rectally etc					
15.	What medicatio	on(s) will you	r child ne	eed to take d	luring sch	nool hours?					
16.	Should any of these medications be administered in a special way? YES NO										
	If YES, please explain: Should any particular reaction be watched for? YES NO										
17											
. , .		ICVES along and the									
	-	-									
		-			·						
19.	Should the scho	ool have back	up medic	ation availa	ble to giv	e your child for	missed	dose? YES NO			
20.	Do you wish to	be called bef	ore back	up medicatio	on is give	en for a missed do	ose?				
21.	Does your child	Does your child have a Vagus Nerve Stimulator? YES NO									
	•	•									
	11 125, pre-	ase describe i	notractio	ns for appro	priace in	agnet ase.					
81.00			DDECA	TWONG							
	ECIAL CONSIDIC Check all that at				ons or pre	ecautions that sho	ould be	taken			
	General health_		-		-						
_	Physical function	ning				Dhamississississississis	a. (\/a= a=ta.			
_	I agraing:	711111 <u>g</u>			💾	Physical educati	on (gyr	n)/sports:			
_	Rehavior:				💾	Recess:					
_	Mood/coping:				💾	Field trips:					
┻ ╱╅╏	ner:					Bus transportation	on:				
	NERAL COM										
23.	What is the best	way for us to	commu	nicate with	you abou	t your child's sei	zure(s)	?			
	G di i	,	1		1 ()	1 .1	• , -	1 10 ****			
<i>2</i> 4.	Can this informa	ation be share	ed with c	iassroom tea	acher(s) a	nd other appropr	rate sch	nool personnel? YES NO			
Dos	ent/Guardian Sic	mature				Data	Г	Dates Undated:			