



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	
Concor			Grado	Classicom	
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					
			_		
•	liagnosed with seit	zures or epilepsy'	?		
2. Seizure type(s) Seizure Type	Length	Frequency	Description		
Ocizare Type	Longin	requeries	Besonption		
2 What might trigger a c	oizuro in vour obil	40 			
3. What might trigger a s	-			—————————————————————————————————————	
4. Are there any warning		-		☐ YES ☐ NO	
5. When was your child's	last seizure?				
6. Has there been any re	cent change in yo	ur child's seizure p	patterns?	S 🗖 NO	
If YES, please explain	:				
7. How does your child re	eact after a seizur	e is over?			
8. How do other illnesses					
	-				
Basic First Aid: Care	& Comfort			Basic Seizure First Aid	
What basic first aid pro	ocedures should b	Stay calm & track time			
school?				Keep child safe	
				Do not restrain	
				Do not put anything in mouthStay with child until fully conscious	
				Record seizure in log	
10. Will your child need to	leave the classroo	om after a seizure	? TYES TNO	For tonic-clonic seizure:	
If YES, what process v		Protect head Keep sirvey energy watch breathing			
ii 120, what process	would you recomm	iona for returning	your orma to diassidoffi.	 Keep airway open/watch breathing Turn child on side 	

Seizure Emergencies A seizure is generally considered an emergency when: 11. Please describe what constitutes an emergency for your child? (Answer may require Convulsive (tonic-clonic) seizure lasts consultation with treating physician and school nurse.) longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes 12. Has child ever been hospitalized for continuous seizures? ☐ YES □ NO Student has a first-time seizure If YES, please explain: 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? Administration Instructions (timing* & method**) Medication Dosage 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 21. Does your child have a Vagus Nerve Stimulator? ☐ YES 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 ___ ☐ 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)? ☐ YES 24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? Dates _____

Parent/Guardian Signature ______ Date _

Updated _____

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PARENT/GIJARDIAN complete and			ana omiaoare o	<u> </u>				
PARENT/GUARDIAN complete and sign the top portion of form. Child Name: Birth date:								
Parent/Guardian Contact:	ne:	Place						
Emergency Contact:	ne:	child's						
School:	le:		photo here					
Triggers: ☐ tiredness ☐ flashing lights ☐ illness ☐ hunger ☐ temperature ☐ Other:								
Seizure Aura (if any):								
Seizure history: Convulsive Focal Absence Date of last known seizure								
Describe:								
Antiseizure Medication Taken at Home Common side effects								
Other Seizure Treatments/Special Diet Therapy:								
I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if								
necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.								
	•							
·				504 pla				
PARENT SIGNATURE DAT	ГЕ	SCHOOL NURSE	SIGNATURE D	ATE IEP				
HEALTH CARE PROVIDER to complete	all items S	IGN and DATE comp	leted form					
IF YOU SEE THIS:	an items, o	DO THIS:	icted form.					
Convulsive Generalized Tonic Clonic:		Time the seizure						
You will see loss of consciousness. Stiffening of		2. Keep calm. Provid						
Rhythmic jerking movements. Convulsive seizu								
last 1-5 minutes. The child may have a warnin		4. Do not place anyth		outh, broothing				
before the seizure. Sleepiness and confusion after the seizure.	may occur	5. Call 911 if student is injured or has difficulty breathing.6. Call parent.						
and the solution		7. Stay with student until recovered from seizure.						
			e treatments as ma					
│	may ba	 Time the seizure Gently guide child away from danger. 						
partly alert or unconscious. You may see lip sn		 Stay with student and reassure them until recovered from seizure. 						
chewing, eye blinking, or picking at clothes.The	4. Do not treat staring that is stopped by a touch or a nudge.							
usually last 1-2 minutes.	5. Call parent.							
Absence: Vou will one quiek abanges in al	orthogo	6. Administer rescu	e treatments as ma	rked below.				
Absence: You will see quick changes in al May see eye flutter or small twitching. Usually								
than 10 seconds.	1401 1000							
December Treatments								
Rescue Treatments Child has a VNS. Child/staff may swipe with	aura Staff m	av swine at onset of seiz	zure and every 60 sec	conde until egizura etone				
Give rescue medications below if seiz			-	conds until seizure stops.				
If seizure <u>lasts longer</u> than minutes admini	ster:							
☐ Diastat mg rectally	☐ Midazola	ammg in the nose	Clonazepam	mg in the cheek				
_			· -					
☐ Multistep seizure rescue plan – Ple	ease see attac	ched letter for details.						
If <u>cluster</u> of or more seizures in min	administer:							
☐ Diastatmg rectally	Midazola	ammg in the nose	Clonazepam	_mg in the cheek				
☐ Multistep seizure rescue plan – Ple	ease see attac	ched letter for details.						
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If emergency medication is administered: Call 911 immediately or Call 911 if seizure does not stop within 5 minutes								
Other:								
If no emergency medication is at school and the child is experiencing seizures:								
Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than min								
Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips.								
Close adult supervision when swimming o	r climbing.							
HEALTH CARE PROVIDER SIGNATURE	PRINT PR	OVIDER'S NAME	PHONE/FAX	DATE				