



STRONGER TOGETHER

# 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?  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 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 OVER →

**Seizure Emergencies**

Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

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**

What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects

What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (Timing* & method**)	What to Do After Administration

\* 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.      \*\* Orally, under tongue, rectally, etc.

What medication(s) will your child need to take during school hours? \_\_\_\_\_

Should any of these medications be administered in a special way?  YES  NO  
 YES, please explain: \_\_\_\_\_

Should any particular reaction be watched for?  YES  NO  
 YES, please explain: \_\_\_\_\_

What should be done when your child misses a dose? \_\_\_\_\_

Should the school have backup medication available to give your child for missed dose?  YES  NO

Do you wish to be called before backup medication is given for a missed dose?  YES  NO

Does your child have a Vagus Nerve Stimulator?  YES  NO

YES, please describe instructions for appropriate magnet use:

**Special Considerations & Precautions**

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 \_\_\_\_\_

**Parental Communication Issues**

What is the best way for us to communicate with you about your child's seizure(s)? \_\_\_\_\_

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

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

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





**SEIZURE ACTION PLAN**

Effective Date \_\_\_\_\_

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_

**SEIZURE INFORMATION**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID CARE & COMFORT**

(Please describe basic first aid procedures)

Does student need to leave the classroom after a seizure? YES NO  
 If YES, describe process for returning student to 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 (grand mal) seizure:**
- ✓ Protect head
  - ✓ Keep airway open/watch breathing
  - ✓ Turn child on side

**EMERGENCY RESPONSE**

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other \_\_\_\_\_

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

**TREATMENT PROTOCOL DURING SCHOOL HOURS (include daily and emergency medications)**

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication \_\_\_\_\_

Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe magnet use \_\_\_\_\_

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS** (regarding school activities, sports, trips, etc.)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

