

Placentia Yorba Linda School District

SEIZURE DISORDER UPDATE for \_\_\_\_\_ School Year \_\_\_\_\_

To the parents of \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

According to school records your child has a history of seizures. The school needs additional information in order to be ready to assist your child as needed. **Please complete and return the following form to the school Health Office.**

1. Parents/Guardians: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_ Home# \_\_\_\_\_

2. Type of seizure disorder \_\_\_\_\_ Age at onset \_\_\_\_\_

3. Frequency of seizures \_\_\_\_\_ Date of last seizure \_\_\_\_\_

4. Medications currently taken for seizures (include dose and time of day given):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Signs of an impending seizure \_\_\_\_\_  
\_\_\_\_\_

6. Description of seizure pattern and length of seizure (usual time of day, etc) \_\_\_\_\_  
\_\_\_\_\_

7. Student's reaction to seizures \_\_\_\_\_  
\_\_\_\_\_

8. Do you feel the seizure disorder is under control with current therapy? yes \_\_\_\_\_ no \_\_\_\_\_

9. Physician providing care for seizures \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

Unless other specific instructions are provided from the physician, the staff is directed to follow the plan of action indicated below.

**FIRST AID FOR AN EPILEPTIC SEIZURE**

1. KEEP CALM. The student is usually not suffering or in danger.
2. Help the student to a safe place but do NOT restrain movements.
3. PLACE STUDENT ON SIDE to prevent choking on vomit or saliva.
4. Loosen tight clothing
5. Do NOT force anything into the mouth or offer anything to drink.
6. Observe the student until fully conscious.
7. Reassure the student and allow time to rest after the seizure.
8. Report the occurrence to an administrator and notify family per instructions in the health file.
9. Most seizures are over in a few minutes.

**If the seizure is prolonged or the student stops breathing, call 911-see doctor's orders.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_