

Hopewell Valley Regional School District

Division of Pupil Services
425 South Main Street
Pennington, NJ 08534

SEIZURE QUESTIONNAIRE FOR PARENTS

Child's name _____ Birth date _____ Home phone _____
Parent 1 name _____ Cell phone _____ Work phone _____
Parent 2 name _____ Cell phone _____ Work phone _____
Emergency contact _____ Cell phone _____ Home phone _____
Physician's name _____ Telephone _____

1. At what age did your child have the first seizure? _____
2. Describe what usually happens during a seizure: _____

3. What triggers the seizure? _____
4. How long does the seizure generally last? _____
5. Are there any warnings or behavioral changes before the seizure? _____
6. How often do the seizures occur? Daily Weekly Monthly Yearly
7. Date of last seizure: _____
8. First aid for seizure(s) that occur at school: _____

9. Student's usual reaction to the seizure(s): _____
10. What medication(s) does your child take for the seizures? _____

11. What side effect(s), if any, does your child have for the medication(s)? _____

12. Please check and describe any special considerations related to your child's seizures while at school:
 Educational concerns _____ Behavioral concerns _____
 Emotional concerns _____ Phys ed precautions _____
 Sports precautions _____ Recess precautions _____
 Field trips _____ Other _____
13. How often does your child see the doctor regarding the seizures? _____
14. When was the last appointment? _____
15. Does the school need any special information about your child's seizures? _____

16. Does your child have other recurring or chronic health problems? Please explain. _____

17. Does your child have any allergies? Please explain type of reaction and treatment:
 Food allergies _____ Insect stings _____
 Seasonal / environmental _____ Medications _____
 Other _____
18. Can this information be shared with appropriate school personnel to ensure your child's safety?
 Classroom teacher(s): Guidance counselor Principal Bus driver
 Lunchroom / playground monitors Other _____
19. What is the best way to communicate with you about your child's seizure(s), medication(s), other observations / concerns?
 Phone calls _____ Written notes _____
 Email (*please list email address(es)*) _____

Parent's Signature

Date