

## 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 Emergencies**

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) \_\_\_\_\_
12. 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**

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?

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

\* After 2<sup>nd</sup> or 3<sup>rd</sup> 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  NO
21. Does your child have a Vagus Nerve Stimulator?  YES  NO  
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:

- |   |  |
|---|--|
| <input type="checkbox"/> General health _____       | <input type="checkbox"/> Physical education (gym/sports) _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess _____                          |
| <input type="checkbox"/> Learning _____             | <input type="checkbox"/> Field trips _____                     |
| <input type="checkbox"/> Behavior _____             | <input type="checkbox"/> Bus transportation _____              |
| <input type="checkbox"/> Mood/coping _____          | <input type="checkbox"/> Other _____                           |

**General Communication Issues**

23. What is the best way for us to communicate with you about your child's seizure(s)? \_\_\_\_\_
24. Can this information be shared with classroom teacher(s) and other appropriate school personnel?  YES  NO

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_