

Parent Questionnaire for 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 the school nurse.

Contact Information		
Student Name	School Year	Date of Birth
School	Grade	Classroom
Parent Guardian	Phone	Phone
Parent/Guardian Email		
Other Emergency contact	Phone	Phone
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 campus 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) seizures 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

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 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 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:

General Health	Physical education (gym/sports)
Physical functioning	Recess
Learning	Field Trips
Behavior	Bus transportation
Mood/coping	Other

General Communication Issues

23. What is the best way for us to communicate with your about your child's seizure(s)

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

Parent/Guardian Signature: _____ Date: _____