

CONTACT INFORMATION:

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 student'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.

Stu	dent's Name:			School Year:	Date of Birth:						
	ool:				lassroom:						
	ent/Guardian Name				V):(C):						
Oth	er Emergency Cont	act:			V):(C):						
Chi	ld's Neurologist:			Tel:L	Location:						
Chi	ld's Primary Care D)r.;		Tel:L	ocation:						
Sig	nificant medical his	tory or cond	itions:								
		on was enough a transport of the ord									
	ZURE INFORMA		1 11 1	'1 0							
1.		ild diagnose	d with seizures	or epilepsy?							
2.	Seizure type(s):	r	377	·	S						
	Seizure Type	Length	Frequency	L	Description						
					V.						
				W-14-14-14-14-14-14-14-14-14-14-14-14-14-							
3.	What might trigger a seizure in your child?										
4.	4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO										
	If YES, please	e explain:									
5.	When was your ch										
6.	•			d's seizure patterns? YES N							
7.											
8.	How do other illne	sses affect y	our child's seiz	ure control?							
was selection					Basic Seizure First Aid:						
	SIC FIRST AID: 0				✓ Stay calm & track time ✓ Keep child safe						
9.		-		n when your child has a seizure	[™] ✓ Do not restrain						
	school?				✓ . 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 						
			***************************************		Tam Sing on old						
10	Will your child ne	ed to leave th	ne classroom af	ter a seizure? YES NO							
10.	- · · · · · · · · · · · · · · · · · · ·			end for returning your child to c	lassroom:						
	ii ibo, white	P100000 1100	, oa roomin	one for recuiring your elling to e							

	with treating p		~		r child? (Answe		Emero ✓ A s n	cure is generally considered an ency when: a convulsive (tonic-clonic) eizure lasts longer than 5 ninutes
12. Has child ev If YES,	er been hosp please expla	✓ S ✓ S	vithout regaining consciousness itudent has a first time seizure student is injured or diabetic student has breathing difficulties itudent has a seizure in water					
SEIZURDIMBI	DICATION	ANDI	REATM	DATHADA	ROITEANS			
13. What medi	cation(s) do			ike?				
Medication		Date 9	Started	Dosage	Frequency a	nd time of da	y taken	Possible side effects
14. What emer	rgency/rescu	ie med	ications i	needed med	ications are n	escribed for	your ch	ild?
Medication	•	sage			ctions (timing*			do after administration:
iviedication	D0	saye	Aumins	MAHON MISHU	CHOIIS (HITHING C	x memou j	vviialil	do alter administration.
* After 2 nd or	3 rd seizure for i	cluster of	seizure etc	** Ore	ally, under tongue,	rectally, etc.		
15. What medi								
16. Should any	of these m	edicati	ons be ac	dministered			10	
	, please exp				TDO NIO			
17. Should any	particular i							
-	nlagge ovr							
If YES	, please exp							
If YES 18. What shou	ld be done v	when y	our child	l misses a do	ose?			
If YES 18. What shou 19. Should the	ld be done v	when y e backi	our child up medic	l misses a do ation availa	ose? ble to give yo	ur child for 1	nissed c	lose? YES NO
If YES 18. What shou 19. Should the 20. Do you wis	ld be done v school have sh to be call	when y e backi ed bef	our child up medic ore backs	l misses a do ation availa up medication	ose?	ur child for 1	nissed c	
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