



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.

Contact Information			
Student Name:		School Year:	DOB:
School:		Grade:	Classroom:
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
Other Emergency Contact	Home Phone	Work Phone	Cell Phone
Child's Neurologist	Contact Number	Location	
Child's Primary Care Doctor	Contact Number	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 and Comfort Measures			
9. What basic first aid procedures should be taken when your child has a seizure in school?	Basic Seizures First Aid <ul style="list-style-type: none">• 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 (grand mal) seizure <ul style="list-style-type: none">• Protect head• Keep airway open/watch breathing• Turn child on side		

10. Will your child need to leave the classroom after a seizure?		Yes	No
If YES, please explain:			
Seizure Emergencies			
11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)		A seizure is generally considered an Emergency when. <ul style="list-style-type: none"> • A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student has a first time seizure • Student is injured or diabetic • Student has breathing difficulties • Student has a seizure in water 	
12. Has child ever been hospitalized for continuous seizures?		Yes	No
If YES, please explain:			
Seizure Medication and Treatment Information			
13. What medication(s) does your child take? (see below)			
Medication	Date Started	Dosage	Frequency and time of day taken
14. What emergency/rescue medications needed medications are prescribed for your child? (see below)			
Medication	Dosage	Administration Instructions (timing* Method**)	What to do after Administration
<small>* After 2nd. Or 3rd. seizure for cluster of seizure, etc. ** Orally, under the tongue, rectally, etc.</small>			
15. What medication(s) will your child need to take during school hours? (see below)			
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?			
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 considerations 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 you about your child's seizure(s)? (see below)			
24. Can this information be shared with classroom teacher(s) and other appropriate school personnel?		Yes	No
Parent/Guardian Signatures:		Date:	Dates Updated: ,