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

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>School Year</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Grade</td>
<td>Classroom</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>Phone</td>
<td>Work</td>
</tr>
<tr>
<td>Parent/Guardian Email</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Emergency Contact</td>
<td>Phone</td>
<td>Work</td>
</tr>
<tr>
<td>Child's Neurologist</td>
<td>Phone</td>
<td>Location</td>
</tr>
<tr>
<td>Child's Primary Care Doctor</td>
<td>Phone</td>
<td>Location</td>
</tr>
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</table>

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
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   - 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:

**Seizure Medication and Treatment Information**

13. What medication(s) does your child take?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Date Started</th>
<th>Dosage</th>
<th>Frequency and Time of Day Taken</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

14. What emergency/rescue medications are prescribed for your child?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Administration Instructions (timing* &amp; method**)</th>
<th>What to Do After Administration</th>
</tr>
</thead>
<tbody>
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</table>

* 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 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 ____________________________

DPC776
Seizure Action Plan

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

<table>
<thead>
<tr>
<th><strong>Student’s Name</strong></th>
<th><strong>Date of Birth</strong></th>
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<tbody>
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<table>
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<tr>
<th><strong>Parent/Guardian</strong></th>
<th><strong>Phone</strong></th>
<th><strong>Cell</strong></th>
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<table>
<thead>
<tr>
<th><strong>Other Emergency Contact</strong></th>
<th><strong>Phone</strong></th>
<th><strong>Cell</strong></th>
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<tr>
<th><strong>Treating Physician</strong></th>
<th><strong>Phone</strong></th>
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Significant Medical History

<table>
<thead>
<tr>
<th><strong>Seizure Information</strong></th>
<th><strong>Length</strong></th>
<th><strong>Frequency</strong></th>
<th><strong>Description</strong></th>
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Seizure triggers or warning signs:  

Student’s response after a seizure:

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

<table>
<thead>
<tr>
<th><strong>Basic Seizure First Aid</strong></th>
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<td>Do not restrain</td>
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<td>Stay with child until fully conscious</td>
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<td>Record seizure in log</td>
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For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

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

Emergency Response

A "seizure emergency" for this student is defined as:

<table>
<thead>
<tr>
<th><strong>Seizure Emergency Protocol</strong></th>
<th><strong>(Check all that apply and clarify below)</strong></th>
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</thead>
<tbody>
<tr>
<td>Contact school nurse at</td>
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<tr>
<td>Call 911 for transport to</td>
<td></td>
</tr>
<tr>
<td>Notify parent or emergency contact</td>
<td></td>
</tr>
<tr>
<td>Administer emergency medications as indicated below</td>
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<tr>
<td>Notify doctor</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Treatment Protocol During School Hours (include daily and emergency medications)

<table>
<thead>
<tr>
<th><strong>Emerg. Med.</strong></th>
<th><strong>Medication</strong></th>
<th><strong>Dosage &amp; Time of Day Given</strong></th>
<th><strong>Common Side Effects &amp; Special Instructions</strong></th>
</tr>
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Does student have a Vagus Nerve Stimulator?  

<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
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<tr>
<td></td>
<td>If YES, describe magnet use:</td>
</tr>
</tbody>
</table>

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

<table>
<thead>
<tr>
<th><strong>Physician Signature</strong></th>
<th><strong>Date</strong></th>
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</table>
# Seizure Observation Record

| **Student Name:** |  |
| **Date & Time:** |  |
| **Seizure Length:** |  |

### Pre-Seizure Observation
- Briefly list behaviors, triggering events, activities.

### Conscious
- Yes/no/ altered

### Injuries?
- Briefly describe

### Muscle Tone/Body Movements
- Rigid/clenching
- Limp
- Fell down
- Rocking
- Wandering around
- Whole body jerking

### Extremity Movements
- (R) arm jerking
- (L) arm jerking
- (R) leg jerking
- (L) leg jerking
- Random Movement

### Color
- Bluish
- Pale
- Flushed

### Eyes
- Pupils dilated
- Turned (R or L)
- Rolled up
- Staring or blinking (clarify)
- Closed

### Mouth
- Salivating
- Chewing
- Lip smacking

### Verbal Sounds
- Gagging, talking, throat clearing, etc.

### Breathing
- Normal, labored, stopped, noisy, etc.

### Incontinent (urine or feces)

### Post-Seizure Observation
- Confused
- Sleepy/tired
- Headache
- Speech slurring
- Other

### Length to Orientation

### Parents Notified?
- Time of call

### EMS Called?
- Call time & arrival time

### Observer's Name

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*Please put additional notes on back as necessary.*