



# QUESTIONNAIRE FOR A 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:

Nurse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Other Emergency Contact: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Child's Neurologist: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Child's Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
 Significant medical history or conditions: \_\_\_\_\_

### SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_

2. Seizure type(s):

<i>Seizure Type</i>	<i>Average length</i>	<i>Description</i>

<i>Seizure Type</i>	<i>Average length</i>	<i>Description</i>

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. How often does your child have a seizure? \_\_\_\_\_

6. When was your child's last seizure? \_\_\_\_\_

7. Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain: \_\_\_\_\_

8. How does your child react after a seizure is over? \_\_\_\_\_

9. How do other illnesses affect your child's seizure control? \_\_\_\_\_

### BASIC FIRST AID: Care and Comfort Measures

10. What basic first aid procedures should be taken when your child has a seizure in school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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 (grand mal) seizure:
- ✓ Protect head
  - ✓ Keep airway open/watch breathing
  - ✓ Turn child on side

11. 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 (if applicable) \_\_\_\_\_

\_\_\_\_\_

**SEIZURE EMERGENCIES**

12. 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:  
✓ 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

13. Has child ever been hospitalized for continuous seizures? YES NO  
If YES, please explain: \_\_\_\_\_

**SEIZURE MEDICATION AND TREATMENT INFORMATION**

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

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects
1.				
2.				
3.				

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

Name	Dosage	Administration Instructions (timing* & method**)	What to do after administration:
1.			
2.			

\* After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.      \*\* Orally, under tongue, rectally, etc.

16. What medication(s) will your child need to take during school hours? \_\_\_\_\_

17. Should any of these medications be administered in a special way? YES NO  
If YES, please explain: \_\_\_\_\_

18. Should any particular reaction be watched for? YES NO  
If YES, please explain: \_\_\_\_\_

19. What should be done when your child misses a dose? \_\_\_\_\_

20. Should the school have backup medication available to give your child for missed dose? YES NO

21. Do you wish to be called before backup medication is given for a missed dose?

22. Does your child have a Vagus Nerve Stimulator? YES NO  
If YES, please describe instructions for appropriate magnet use: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL CONSIDERATIONS & PRECAUTIONS**

Check all that apply and describe any considerations or precautions that should be taken. *(the impact of your child's seizures or treatment regimen)*

- General health \_\_\_\_\_
  - Physical functioning \_\_\_\_\_
  - Learning: \_\_\_\_\_
  - Behavior: \_\_\_\_\_
  - Mood/coping: \_\_\_\_\_
  - Physical education (gym)/sports: \_\_\_\_\_
  - Recess: \_\_\_\_\_
  - Field trips: \_\_\_\_\_
  - Bus transportation: \_\_\_\_\_
- Other: \_\_\_\_\_

**GENERAL COMMUNICATION ISSUES**

What is the best way for us to communicate with you about your child's seizure(s)?: \_\_\_\_\_  
\_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dates Updated \_\_\_\_\_, \_\_\_\_\_