

# QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

## **CONTACT INFORMATION:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Neurologist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Primary Care Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history or conditions: \_\_\_\_\_

## **SEIZURE INFORMATION:**

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

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

2. What might trigger a seizure in your child?

3. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain:

4. When was your child's last seizure?

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

If YES, please explain:

How does your child react after a seizure is over?

How do other illnesses affect your child's seizure control?

## **BASIC FIRST AID: Care and Comfort Measures**

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



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:

**SEIZURE EMERGENCIES**

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

5. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

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

**SEIZURE MEDICATION AND TREATMENT INFORMATION**

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

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

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

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

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

9. Will your child need to take medication during school hours?

10. What should be done when your child misses a dose?

11. 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 functioning \_\_\_\_\_
- Learning \_\_\_\_\_
- Behavior
- Mood/coping
- PE \_\_\_\_\_
- Recess \_\_\_\_\_
- Field trips \_\_\_\_\_
- Bus Transportation \_\_\_\_\_
- 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

Parent/Guardian Signature:

Date: \_\_\_\_\_

