Seizure Questionnaire

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

Child's Name ______________________________ ID# __________ Grade/School Year __________

Parent/Guardian ______________________________ Home Phone Number ____________________

Where does your child receive his/her seizure care (name of clinic) ______________________________

Name of Physician ______________________________ Clinic Phone Number ________________

Seizure Information

1. When was your child diagnosed with seizures? ______________________________
2. Seizure type (s):

Seizure type	Length	Frequency	Description

3. What might trigger a seizure in your child? ______________________________
4. Are there ay warning 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. Has your child ever been hospitalized for seizures? ☐ Yes ☐ No

   If Yes, please explain: ______________________________
8. Does he/she have a Vagus Nerve Stimulator (VNS)? ☐ Yes ☐ No. Where is the magnet worn? __________

   Describe use of the magnet. ______________________________
9. Date of Seizure Diagnosis______________________________

Signs of Seizures

Please check behaviors that apply to your child

☐ lip smacking
☐ behavioral outbursts
☐ staring
☐ twitching
☐ sudden cry or squeal
☐ falling down
☐ rigidity/stiffness
☐ thrashing/jerking
☐ loss of bowel/bladder control
☐ shallow breathing
☐ blue color to lips
☐ froth from mouth
☐ gurgling/grunting noises
☐ loss of consciousness
☐ other ______________________________

Possible Behaviors After Seizure

Please check behaviors that apply to your child

☐ tiredness
☐ somewhat confused
☐ weakness
☐ regular breathing
☐ sleeping, difficult to arouse
☐ other________________

How long do these behaviors last? ______________________________

Basic First Aid

Basic Seizure First Aid

- Stay calm & track time
- Call school nurse
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log
- Protect head, keep child safe
- Keep airway open/watch breathing
- Turn child on side

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

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Seizure Medications

Medications taken at home

Medication name	How much?	When is it taken?

Medication orders for school

Medication name	How much?	When should it be taken?

10. Does your child have any side effects from these medications? ____

Seizure Emergencies

A Seizure is generally considered an EMERGENCY when:

- A convulsive seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has a seizure in water

11. Are there any other conditions that are emergencies for your child? ______________________________________

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Special Considerations & Safety Precautions

Please check all that apply and describe any considerations or precautions that should be taken.

□ Physical education_________________________________ □ Recess_______________________________________

□ Field trips _______________________________________ □ Sports _______________________________________

□ Bus transportation ________________________________ □ Other _______________________________________

Parent/Guardian Signature____ Date__________________