

**CATALINA FOOTHILLS SCHOOL DISTRICT  
HEALTH SERVICES  
PARENT QUESTIONNAIRE FOR 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's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 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**

When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_  
 Seizure type(s): \_\_\_\_\_

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

1. What might trigger a seizure in your child? \_\_\_\_\_
2. Are there any warnings and/or behavior changes before the seizure occurs? YES NO  
 If YES, please explain: \_\_\_\_\_
3. When was your child's last seizure? \_\_\_\_\_
4. Has there been any recent change in your child's seizure patterns? YES NO  
 If YES, please explain: \_\_\_\_\_
6. How does your child react after a seizure is over? \_\_\_\_\_
7. How do other illnesses affect your child's seizure control? \_\_\_\_\_

**BASIC FIRST AID: Care & Comfort Measures**

8. 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

9. 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: \_\_\_\_\_

(may write on back of form)

**SEIZURE EMERGENCY**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

**SEIZURE MEDICATION AND TREATMENT INFORMATION**

12. What medication(s) does your child take? \_\_\_\_\_

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

13. What emergency/rescue 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.

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

15. Should any of these medications be administered in a special way? YES NO

16. 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 AND PRECAUTIONS**

22. Check all that apply and describe any considerations or precautions that should be taken

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

**GENERAL COMMUNICATION CONSIDERATION**

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: \_\_\_\_\_ Dates Updated: \_\_\_\_\_