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:			
						Classroom:			
						(C):			
						(C):			
						on:			
						on:			
Sign	nificant medical hi	story or cor	nditions:						
Whe	ZURE INFORM en was your child cure type(s):	diagnosed							
	Seizure Type	Length	Frequency		Desc	ription			
 3. 4. 5. 	Has there been any recent change in your child's seizure patterns? YES NC If YES, please explain:								
	-								
ВА	SIC FIRST AID:	Care & C	Comfort Mea	sures	[Basic Seizure First Aid: Stay calm & track time			
	What basic first aid procedures should be taken when your child has a seizure in school?								
	Will your child ne			n after a seizure? and for returning your ch	nild to class	YES sroom:	NO		
	(may write on I	back of form)						

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Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)	SEIZURE EMERGI	ENCY					A Seizu	re is generally cons	sidered an	
without regaining consciousness	10. Please describe	what consti	•	 ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes 						
1. Has child ever been hospitalized for continuous seizures? YES NO If YES, please explain:								•	•	
11. Has child ever been hospitalized for continuous seizures? YES NO If YES, please explain: Student has a seizure in water	-									
If YES, please explain: Student has a seizure in water	عاديد المائطة عالما									
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 Medication Dosage Administration Instructions (timing* & method**) What to do after administration: * After 2" or 3" 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? 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 10. Do you wish to be called before backup medication is given for a missed dose? 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 General health Physical functioning Recess: Behavior: Beha		•						-		
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