

Questionnaire for Parent of a Student with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child'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	Phone	Work	Cell
Parent/Guardian Email			
Other Emergency Contact	Phone	Work	Cell
Child's Neurologist	Phone	Location	
Child's Primary Care Doctor	Phone	Location	
Significant Medical History or Conditions			

Seizure Information

- When was your child diagnosed with seizures or epilepsy? _____
- Seizure type(s) _____

Seizure Type	Length	Frequency	Description

- What might trigger a seizure in your child? _____
- Are there any warnings and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: _____
- 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 & Comfort

- 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: _____

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 seizure:**
- Protect head
 - Keep airway open/watch breathing
 - Turn child on side

