

Conroe ISD 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 student's special needs and for 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 _____ Date of birth _____

School year _____ School _____ Grade _____ Classroom _____

Parent/guardian name _____

Telephone numbers (home) _____ (work) _____ (cell) _____

Other emergency contact (home) _____ (work) _____ (cell) _____

Child's neurologist (name) _____ (telephone) _____

(location) _____

Child's primary care doctor (name) _____ (telephone) _____

(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 and comfort measures

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

Basic Seizure First Aid

- Stay calm and 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

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 the classroom _____

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

- A seizure is generally considered an emergency when:**
- A convulsive (tonic-clonic) seizure lasts longer than five 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

Has the child ever been hospitalized for continuous seizures? yes no

If yes, please explain _____

Seizure medication and treatment information _____

What medication(s) does your child take?

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

What emergency / rescue medications are prescribed for your child?

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

* After 2nd or 3rd seizure, for cluster of seizures, etc. ** Orally, under tongue, rectally, etc.

What medication(s) will your child need to take during school hours? _____

Should any of these medications be administered in a special way? yes no

If yes, please explain _____

Should any particular reaction be watched for?..... yes no

If yes, please explain _____

What should be done when you child misses a dose? _____

Should the school have a backup medication available to give your child for a missed dose? yes no

Do you wish to be called before backup medication is given for a missed dose? yes no

Does your child have a Vagus Nerve Stimulator? yes no

If yes, please describe instructions for appropriate magnet use _____

Special considerations and precautions _____

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

- General health _____ Physical functioning _____ Learning _____
- Behavior _____ Mood / coping _____ Recess _____
- Field trips _____ Bus transportation _____ P.E. /sports _____
- Other _____

General communication issues _____

What is the best way for us to communicate with you about your child's seizure(s)?

Can this information be shared with classroom teacher(s) and other appropriate school personnel? yes no

Parent/guardian signature	Date	Date updated	Date updated
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