



PARENT WORKSHEET for a child with SEIZURE DISORDER

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 School Nurse.

CONTACT INFORMATION:

Current School Year: _____

Student's Name: _____ Date of Birth: _____ Grade/Class: _____

School: St Pius X Regional School, 14710 Annapolis Rd, Bowie, MD 20715-1813 Phone 301-262-0203 Fax 301-805-8875

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, conditions, accidents/injuries, surgeries, etc: _____

SEIZURE INFORMATION:

When was your child diagnosed with seizures or epilepsy? _____

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

- What might trigger a seizure in your child? _____
- Are there any warnings and/or behavior changes before the seizure occurs? YES* NO
*If your answer is 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 your answer is 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 & 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 your answer is YES, what process would you recommend/prefer for returning your child to the classroom: _____

SEIZURE EMERGENCIES

9. Please describe what constitutes an emergency for your child? (Your answer may require consultation with treating Physician and/or School Nurse) _____

10. 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

11. What medication(s) does your child take?

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

12. What emergency/rescue medications needed medications are prescribed for your child?

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

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

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

14. Should any of these medications be administered in a special way? YES NO
 If YES, please explain: _____

15. Should any particular reaction be watched for? YES NO
 If YES, please explain: _____

16. What should be done when your child misses a dose? _____

17. Should the school have backup medication available to give your child for missed dose? YES NO

18. Do you wish to be called before backup medication is given for a missed dose?

19. Does your child have a Vagus Nerve Stimulator? YES NO
 If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

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

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

GENERAL COMMUNICATION ISSUES

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: _____ updates: _____, _____, _____