

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 <u>Tiffany Smith</u>	School Year <u>2003-2004</u>	Date of Birth <u>09/01/91</u>
School <u>Lee Middle School</u>	Grade <u>7</u>	Classroom
Parent/Guardian <u>Janet Smith</u>	Phone <u>(410) 222-2222</u>	Work Cell <u>(410) 331-3311</u>
Parent/Guardian Email <u>Tiffanysmom@aol.com</u>		
Other Emergency Contact <u>Carl Smith</u>	Phone	Work Cell <u>(410) 123-1234</u>
Child's Neurologist <u>Dr. William Cherry</u>	Phone <u>(301) 891-3030</u>	Location
Child's Primary Care Doctor <u>Dr. Raymond Allen</u>	Phone <u>(301) 424-4016</u>	Location
Significant Medical History or Conditions <u>Peanut allergy</u>		

Seizure Information

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s)

Seizure Type	Length	Frequency	Description
<u>complex partial</u>	<u>1-2 mins.</u>	<u>1 x month</u>	<u>glazed eyes, wandering around, wringing hands, chewing motion, grind teeth.</u>
<u>simple partial</u>	<u>30 sec. to 1 min.</u>	<u>1-2 x wk</u>	<u>mouth twitches, right arm stiffens and makes jerking movements.</u>

3. What might trigger a seizure in your child? lack of sleep

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: Tiffany sometimes feels a tingling in her right arm first.

5. When was your child's last seizure? January 20, 2004

6. Has there been any recent change in your child's seizure patterns? YES NO
If YES, please explain: _____

7. How does your child react after a seizure is over? she gets quiet and often wants to be alone for

8. How do other illnesses affect your child's seizure control? a while.

Basic First Aid: Care & Comfort

9. What basic first aid procedures should be taken when your child has a seizure in school? Same as described at right. May need to redirect her from dangerous objects. Be supportive and comforting when seizure ends.

10. 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

Seizure Emergencies

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) If seizure lasts for more than 10 minutes, if Tiffany does not come to full consciousness after 30 minutes, or if seizure does not follow normal pattern.
12. Has child ever been hospitalized for continuous seizures? YES NO
 If YES, please explain:

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Seizure Medication and Treatment Information

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

Medication	Date Started	Dosage	Frequency and time of day taken	Possible Side Effects
Tegretol	Dec. 1998	200mg.	2x per day, am & pm	tiredness, nausea
Keppra	March 2003	250mg.	2x per day, am & pm	concentration problems

14. 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 seizure, etc.

** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? Keppra
16. Should any of these medications be administered in a special way? YES NO
 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? give her dosage if within 2 hours.
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 & Precautions

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

- | | |
|--|---|
| <input type="checkbox"/> General health _____ | <input checked="" type="checkbox"/> Physical education (gym/sports) <u>supervision when swimming.</u> |
| <input checked="" type="checkbox"/> Physical functioning <u>sometimes can be wobbly.</u> | <input type="checkbox"/> Recess _____ |
| <input checked="" type="checkbox"/> Learning <u>tutored in math and English.</u> | <input checked="" type="checkbox"/> Field trips <u>someone trained in first aid should come.</u> |
| <input type="checkbox"/> Behavior _____ | <input type="checkbox"/> Bus transportation _____ |
| <input type="checkbox"/> Mood/coping _____ | <input type="checkbox"/> Other _____ |

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? through a communication log sent home with Tiffany, or via e-mail.
24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent/Guardian Signature Janet Smith Date 1/23/04 Dates _____ Updated _____