HEALTH SERVICES

Coopersville Area Public Schools

**Seizure Health History Parent Questionnaire**

Please complete all questions. This information is essential for the school nurse and school staff in determining your student’s medical needs and providing a positive and supportive learning environment. If you are unsure about how to complete this form, please contact the school nurse.

Student Name:       Date of Birth:       Student Grade:

School Year:       School:

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Information** | Relationship | Primary Phone # | Secondary Phone # |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |
| Primary Doctor |       |       |       |  |
| Neurologist |       |       |       |  |

**Seizure Information**

When was your child diagnosed with epilepsy?

|  |  |  |  |
| --- | --- | --- | --- |
| **Seizure Type** | **Average Length** | **Frequency** | **Description** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

What might trigger a seizure in your child?

Are there any warning and/or behavior changes before the seizure? [ ]  Yes [ ]  No

 If yes, please explain:

How often does your child have a seizure?       times a day       times a month Other:

When was your child’s last seizure?

In the past year, have there been any changes 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**

The box on the right shows standard first aid procedures that will be implemented bt CAPS for a student having a seizure. Are there additional actions that should be taken when your child has a seizure at school? [ ]  Yes [ ]  No

**Basic Seizure First Aid:**

* Stay calm and track time
* Keep child safe
* Do not retrain
* Do not put anything in mouth
* Stay with child until fully conscious
* Record seizure in log

**For Tonic-Clonic Seizures:**

* Protect head
* Keep airway open, watch breathing
* Turn child on side

If yes, please explain:

Will your child need to leave the classroom following a seizure? [ ]  Yes [ ]  No

What process would you recommend for returning your child to the classroom?

**Seizure Emergencies**

The box at right lists seizure situations that are generally considered to be emergencies. Please describe what constitutes an emergency for your child. (Answer may require consultation with treating physician and school nurse.)

**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

Has child ever been hospitalized for continuous seizures? [ ]  Yes [ ]  No

If yes, please explain:

**Medication and Treatment Information**

What medication(s) does your child take?

\*If your child takes more medication than what can be listed in the table, please provide an additional document\*

|  |  |  |
| --- | --- | --- |
| Medication | Dose | Frequency |
|       |       |       |
|       |       |       |
|       |       |       |

What emergency/rescue medication(s) are prescribed for your child?

|  |  |  |
| --- | --- | --- |
| Medication | Dose and Frequency | What to do after administration? |
|       |       |       |
|       |       |       |
|       |       |       |

Does your child have a Vagus Nerve Simulator? [ ]  Yes [ ]  No

**Special Considerations and Precautions**

Does your child wear a “medical alert” necklace or bracelet? [ ]  Yes [ ]  No

Is your child participating in sports or school-sponsored extra-curricular activities? [ ]  Yes [ ]  No

If yes, please explain?

Is your child comfortable alerting others when experiencing symptoms of a possible seizure? [ ]  Yes [ ]  No

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

[ ]  General health:

[ ]  Physical functioning:

[ ]  Learning:

[ ]  Behavior:

[ ]  Mood/Coping:

[ ]  Physical education:

[ ]  Recess:

[ ]  Field trips:

[ ]  Bus transportation:

[ ]  Other:

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

Please email document to Nurse Caley at **ctenbrink@capsk12.org**