

Dear Parent:

You have told us that your child has a seizure disorder. Please fill out the attached questionnaire and return it to school. I will share the information with the appropriate school personnel, such as your child's classroom teacher, physical education teacher, and transportation personnel. This information will help them work with your child.

Please let us know of any changes in your child's seizure management.

Sincerely,

School Nurse

QUESTIONNAIRE FOR PARENTS OF A CHILD WITH SEIZURES

Student Name: _____ School Year: _____

School: _____ Grade: _____

The following information is helpful to your child's school nurse and the school staff in meeting your child's special needs. Please answer the questions to the best of your ability. Please call your school nurse if you desire a conference.

School Nurse: _____ Telephone Number: _____

1. How long has your child had a seizure disorder? _____
2. Describe the type of seizure your child has: _____
3. Does your child have an aura or warning signal before a seizure? (dizziness, abdominal discomfort, tingling sensation, light flashes, unusual tastes, smells, or sounds) _____
4. What procedure does your family normally follow at home before, during, and after a seizure?

5. Is your child incontinent with a seizure? _____
6. How long does the seizure usually last? _____
7. What actions do you want the school personnel or health services team to take if your child has a seizure at school? _____
8. What is your child's medication and dosage and when is it taken? _____
9. Are there any side effects to your child's medication? _____
10. Who is your child's neurologist? _____
How often do you see the neurologist? _____
Do you have routine blood levels drawn? _____
11. Does your child have any physical activity restrictions? _____
12. Please note any additional comments or special instructions: _____

Parent Signature: _____ Date: _____

Thank you for your time and assistance in assessing your child's needs at school.

FIRST AID FOR SEIZURES

EMERGENCY PLAN FOR: _____

A major seizure is often dramatic and frightening but usually lasts only a few minutes. These simple procedures should be followed:

1. Keep calm. You cannot stop a seizure once it has started. Let the seizure run its course. Do not try to revive the person.
2. Ease the person to the floor and loosen clothing.
3. Try to prevent them from striking head or body against any hard, sharp, or hot objects. Do not interfere with movements.
4. Turn face to the side so that saliva can flow out of mouth.
5. DO NOT INSERT ANYTHING BETWEEN TEETH.
6. Do not be frightened if the person having the seizure seems to stop breathing momentarily. This is to be expected during seizure activity.
7. The more stimulation the person received, the longer the seizure is apt to last. Avoid touching or rubbing the person.
8. After the movements have stopped and the person is relaxed, allow to rest or sleep if needed.
9. The person may have lost control of bowels or bladder. Assist with toileting if necessary.
10. If the seizure continues for greater than 5 minutes, the school nurse or principal should call 911 and then parents/guardians.
11. After a seizure the child may carry on as before. If after resting the child still seems groggy, confused, or weak, contact the parents/guardians.
12. Report any seizure activity to the parents/guardians, including the time length of the seizure, any observations made prior to, during, or after the seizure and the time the seizure occurred.
13. Please record exceptions or changes to any of the above instructions:

Parent approval of the plan: _____ Date: _____

Physician approval of the plan: _____ Date: _____

Physician Phone Number: _____
