



Seizure Questionnaire and Update



Student: _____ **DOB:** _____ **Valid for school year:** _____

Please complete this form for your student's seizure needs so staff can plan effectively for their care while at school. **Please note: If your student is participating in activities before and after the school day including after school care, extracurricular activities/trips, athletics, or camps, it is imperative that YOU inform the supervising adults of this student's medical needs. This is necessary because the school may not be aware of all activities the student is participating in beyond the normal school day/year.**

When was student diagnosed with seizures or epilepsy? _____ Last seizure: _____

Seizure type(s)	Length	Frequency	Description

Has hospitalization been needed in the past for continuous seizures? No Yes (when _____)

What might trigger a seizure for this student? _____

Are there any warnings and/or behavior changes before a seizure occurs? No Yes (explain) _____

How does your student react after a seizure? _____

Does your student have a Vagus Nerve Stimulator? No Yes

DAILY MEDICATION	AMOUNT TAKEN	HOW OFTEN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does your student have emergency seizure medication? No Yes (If yes, see Health Tech for form)

Controlled substances such as Diazepam and Midazolam will be kept in a secure location at the school. Students are not allowed to self-carry or self-administer controlled substances. Assistive Administration of Medication form (HRS29) and/or Seizure Action Plan (SAP) is required for seizure rescue medication at school.

Physician Name: _____ Phone #: _____

Neurologist Name: _____ Phone#: _____

Parent/Guardian signature indicates acknowledgment and release for sharing medical information between student's physician and other health care providers and authorizing the designated school nurse to share medical information with other school employees as necessary.

Signature: _____ Date: _____

Print: _____ Relationship: _____