

10. Will your child need to leave the classroom after a seizure? Yes No

If YES, please explain:

Seizure Emergencies

11. 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.

- 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

12. Has child ever been hospitalized for continuous seizures? Yes No

If YES, please explain:

Seizure Medication and Treatment Information

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

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

14. What emergency/rescue medications needed medications are prescribed for your child? (see below)

Medication	Dosage	Administration Instructions (timing* Method**)	What to do after Administration

** After 2nd. Or 3rd. seizure for cluster of seizure, etc. ** Orally, under the tongue, rectally, etc.*

15. What medication(s) will your child need to take during school hours? (see below)

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?

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?

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 considerations or precautions that should be taken

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

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? (see below)

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? Yes No

Parent/Guardian Signatures:	Date:	Dates Updated: _____ , _____
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