

**Seizure Emergencies**

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

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

14. What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to Do After Administration

\* After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.      \*\* Orally, under tongue, rectally, etc.

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

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?  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 type="checkbox"/> Physical education (gym/sports) _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess _____                          |
| <input type="checkbox"/> Learning _____             | <input type="checkbox"/> Field trips _____                     |
| <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)? \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Dates \_\_\_\_\_  
Updated \_\_\_\_\_

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