



**Seizure Questionnaire**  
School Year \_\_\_\_\_

Please fill out the information below and return to the health office in a sealed envelope for confidentiality purposes. Note the following district procedures in regards to seizures:

- Physician orders: If MD orders on how to manage your child's seizure have not been filed with the health office; 911 will be called at the first sign of seizure activity.
- For students with a known seizure history: 911 will be called for a seizure lasting longer than 5 minutes; unless otherwise indicated in physician orders.
- If it has been greater than one year and student has had no seizure activity, 911 will be called if a seizure occurs at school.
- Field Trips: due to the monitoring required after the administration of an emergency seizure medication; the medication will not be sent on field trips, unless otherwise indicated in physician orders. Therefore, 911 will be called if a seizure occurs while off school grounds.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

What type of seizures does your child have? \_\_\_\_\_

Please describe what a seizure looks like for your child: \_\_\_\_\_

How frequently do seizures occur? \_\_\_\_\_

When was the last time your child had a seizure? \_\_\_\_\_

Has your child been hospitalized or needed an ambulance due to a seizure? If so, please explain:

Does your child take any medications for seizure occurrence or prevention? \_\_\_\_\_

If yes, what medication, dose, and time? \_\_\_\_\_

Please list any other information we should be aware of to care for your child at school: \_\_\_\_\_