

**ORANGE COUNTY SCHOOLS  
HEALTH SERVICES  
SEIZURES PARENT QUESTIONNAIRE**

To the parent/ guardian of: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

You have checked on the Emergency Care Card that your child has seizures. Please complete this form and return it to the school nurse tomorrow. If needed, an emergency care plan will be develop for use during the school day. Please remember it is the responsibility of parents/ guardians to provide any medication needed at school and to notify the school of any changes in your child's health status. If you have questions, you may call the nurse at your child's school.

How long has your child had seizures? \_\_\_\_\_  
 Describe any warnings and/ or behavior changes before the seizure begins:

\_\_\_\_\_

Describe what happens during the seizure:

\_\_\_\_\_

What triggers the seizure? \_\_\_\_\_

How long does the seizure usually last? \_\_\_\_\_

How often does your child have a seizure? \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year

What is the usual time of the day seizure(s) occurs: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ other

Date of last seizure: \_\_\_\_\_

First aid if seizure(s) occurs at school:

\_\_\_\_\_

**MEDICATIONS**

Please list the medications your child takes for seizures, every day or as needed:

IN SCHOOL

Name of Medication	Route	Dose	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

\*Physician and parent/ guardian permission form needed for ay medication given at school

AT HOME

Name of Medication	Route	Dose	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

What, if any, side effects does your child have from his/her medication?

\_\_\_\_\_

**OTHER INFORMATION:**

How often does your child see his/her doctor for routine seizure evaluations?

\_\_\_\_\_

What is the best way for us to communicate about your child's seizure(s), medications, other concerns (example – calendars, diaries, written notes or calls)?

\_\_\_\_\_

Thank you for your assistance!

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date