

# Fountain Hills Unified School District

## FHUSD SEIZURE ACTION PLAN

### QUESTIONNAIRE FOR PARENT/GUARDIAN OF A STUDENT WITH SEIZURES

▣ McDowell Mtn.  
480-664-5201

▣ Middle School  
480-664-5402

▣ High School  
480-664-5501

Please complete all questions. This information is essential for the school nurse/ health aide and school staff in determining your student's special needs and providing a positive and supportive learning environment.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School year: \_\_\_\_\_ - \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_ Phone \_\_\_\_\_

Additional Emergency Contact : \_\_\_\_\_ Phone \_\_\_\_\_

Child's Treating Physician : \_\_\_\_\_ Phone \_\_\_\_\_

Significant medical history or conditions:

\_\_\_\_\_

\_\_\_\_\_

### Seizure information

When was your child diagnosed with seizures or epilepsy?

\_\_\_\_\_

### Seizure Type:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

What might trigger a seizure in your child? \_\_\_\_\_

Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain: \_\_\_\_\_

When was your child's last seizure? \_\_\_\_\_

Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain: \_\_\_\_\_

How does your child react after a seizure is over? \_\_\_\_\_

How do other illnesses affect your child's seizure control? \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT**

What basic first aid procedures should be taken when your child has a seizure in school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child need to leave the classroom after a seizure? YES NO  
If YES, What process would you recommend for returning your child to classroom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEIZURE EMERGENCIES**

Please describe what constitutes an emergency for your child? (Answers may require consultation with treating physician.) \_\_\_\_\_  
\_\_\_\_\_

Has child ever been hospitalized for continuous seizures? YES NO  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Basic Seizure first Aid

- Stay calm and track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

For Tonic-Clonic seizure

- Protect head
- Keep airway open/watch breathing
- Turn child on side

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

## **SEIZURE MEDICATIONS AND TREATMENT INFORMATION**

*( All medication must be provided by parent/guardian and in an original prescription bottle)*

What medication(s) does your child take?

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

What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions ( <i>timing* &amp; method**</i> )	What to do after administration:

\*After 2nd or 3rd seizure, for cluster of seizures, etc    \*\* orally, under tongue, rectally, etc.

What medication(s) will your child need to take during school hours?

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Should any of these medications be administered in a special way? YES NO

If YES, please explain: \_\_\_\_\_

What should happen if your child misses a dose? \_\_\_\_\_

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Should any of these medications be administered in a special way? YES NO

If YES, please explain:

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Should any particular reaction be watched for? YES NO

If YES, please explain: \_\_\_\_\_

Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: \_\_\_\_\_

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### **Special Considerations and Precautions:**

Check all that apply and describe any **considerations or precautions** that should be taken

- General health \_\_\_\_\_
- Physical functioning \_\_\_\_\_
- Learning \_\_\_\_\_
- Behavior: \_\_\_\_\_
- Mood/coping \_\_\_\_\_
- Physical Education/sports \_\_\_\_\_
- Recess \_\_\_\_\_
- Field Trips \_\_\_\_\_
- Bus Transportation \_\_\_\_\_

Does your child use bus transportation? YES NO

*\*In the event of your child having seizure activity on the bus, the bus driver will pull over to a safe location. 9-1-1 will be called. Driver will radio school for them to notify parent/guardian. Driver or aide will remain with the student. Transport as EMS determines.*

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

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

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