Student Seizure Health Information

Current information about your child's seizures is important for the School Nurse so that an Individualized Health Care Plan (IHP) can be developed and shared with their teacher and staff to better recognize your child's seizures, and respond appropriately. Disaster preparedness (3 day emergency) for your child is also crucial, especially if anticonvulsants are normally only taken at home. This health information will be shared with your child's teachers and school staff who need to know. Staff are encouraged to follow the enclosed "General Guidelines for Seizures" with medically approved differences reflected in an IHP.

School Nurse	PhoneDate
Student Name	Date of Birth
School	Grade / Teacher
Parent' Name(s)	
Home PhoneC	ell Phone Work Phone
Physician's Name (1)	Phone
Specialist Name (2)	Phone
List the type of seizure that your child	's physician has diagnosed:
How often does your child experie When was your child's last seizure	ence seizures?
2. What events, activities or condition	ns may bring on a seizure?
	cognize an aura or warning? Yes 7 No 7
l. Describe a typical seizure of your c	hild (physical observations)
Is your child incontinent with seizur	re activity?
5. How does your child usually behave	e after the seizure (e.g.,alert, confused, sleepy, irritable)?
Please list your child's daily medic	ation schedule and dosage:
	(4)
3)	(5) (6)
7. What do you usually do during you	er child's seizures?
	nild after a seizure?
9. Are adaptations (e.g., helmet, bude participation in PE and physical a	dy system for play, field trips) in place for your child's safety, as well as
10. Do you limit your child's activitie	es in anyway? If so, how?
Parent Signature	

04/09