

Huntington Beach City School District

Dear Parents:

According to school records, your child has a history of seizures. The school needs additional information so we can be ready to assist your child should a seizure occur at school.

Please complete and return the following form directly to the School Office as soon as possible.

Student: _____ Date of Birth: _____

School: _____ Date completed: _____

1. When was your child diagnosed with seizures or epilepsy? _____
2. Type of seizure: _____
3. Description the seizures: _____

4. Date of last seizure: _____
5. How often do seizures occur? _____
6. Student's behavior during a seizure: _____

7. What will trigger a seizure? _____
8. List warning signs before seizure: _____
9. How does your child react after a seizure is over? _____
10. Please list any medications your child receives: _____
11. Significant medical history: _____
12. Does your child have a Vagus Nerve Stimulator? YES NO
13. Does your child wear a helmet during school hours? YES NO
14. Physician's name _____ Phone: _____

❖ If your doctor has recommended that medication be given immediately in case of a seizure, an **Emergency Care Plan** can be created for the school with specific directions for care in the event of another seizure. **Please initial the** box below if you want one created.

Yes I do want an Emergency Care Plan in place at my child's school.