Evergreen Public Schools

SEIZURE INFORMATION

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

Date: _____ School: _____

Student Name: _____ Grade: _____

Please provide the following information to assist the school nurse and staff in developing the best plan of care for your student. To request a conference with the school nurse, please call for an appointment.

1. When was your student diagnosed with a seizure disorder: _____
2. What type(s) of seizures does your student have? _____
3. How often does your student have seizures? _____
4. How long does the seizure last? _____
5. When is your student able to resume usual activity? _____
6. When was the most recent seizure? _____
7. What might trigger your student's seizure? _____
8. Does your student have a warning and/or behavior change/aura before the seizure begins? ☐YES ☐NO
   If your student has warning signs, please explain: _____
9. Does your student understand this warning and be able to report to a responsible adult? ☐YES ☐NO
10. Does your student have a vagal stimulator? ☐YES ☐NO **If yes, Please attach Doctor's orders.**
11. Has your student ever been hospitalized for continuous seizures? ☐YES ☐NO
12. What special instructions have you been given for managing your student's seizures? _____
    _____
13. Does your student have other health conditions that may impact their seizures? ☐YES ☐NO
    If YES, please explain: _____
14. Is your student currently taking any medications for seizures? ☐YES ☐NO If yes, please list below:

Medication Name	Amount	When Given

15. Is an emergency medication ordered for their seizures? If yes, please provide orders and medication to nurse.

Medication Name	Amount	When Given

NOTE: A signed <u>Authorization for Administration of Medication at School Form</u> for medications MUST be provided if medications are required during school hours.

Name of Health Care provider: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

I understand that it is my responsibility to maintain up-to-date contact information with the school. I have provided the school with my current contact information. ☐YES ☐NO.

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