SEIZURE ASSESSMENT FORM

Student's Name _____ Year _____

School _____ Grade _____ Classroom _____

Mother's Name _____ Phone (home)_____ (work) _____

Father's Name _____ Phone (home)_____ (work) _____

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Dear Parent/Guardian of _____

According to your child's records, he/she has seizures. We can be more supportive of your child if we have the following information:

1. How long has your child had seizures?_____

   Is there a difference between past and current seizure patterns? If so, how have they changed? _____
   _____
   _____

3. How do other illnesses affect your child's seizure control?
   _____
   _____
   _____

4. What medication(s) does your child take?
   Medication Dosage Frequency & Time of Day Taken
   _____
   _____
   _____

5. What medication(s) will your child need to take during school hours and when?
   _____
   _____

6. Should the medication be administered in a special way?
   _____
   _____

7. Does taking other medication(s) affect your child's seizure control?
   _____

8. What happens when your child misses a dose? _____
   _____

9. What do you do when your child misses a dose? _____
   _____

10. Should the school have backup medication available to give your child for a missed dose? _____
_____
_____

11. Check any special considerations related to your child's seizures while at school and describe them briefly.

_____ Educational Concerns _____
_____
_____ Behavioral Concerns _____
_____
_____ Emotional Concerns _____
_____
_____
_____ Physical education/sports precautions _____
_____
_____ Recess precautions _____
_____
_____ Special considerations for field trips _____
_____
_____ Other _____
_____

12. How often does your child see the doctor regarding seizures?
_____

13. The physician treating your child's seizures is
Name: _____
Address: _____ Phone:(____)_____

14. Does the school need any special information about your child's seizures?
_____
_____

15. Does your child have other recurring or chronic health problems?
_____

Parent/Guardian Signature:_____
Date Completed _____ Updated _____Updated _____