

**East Side Union High School District  
Seizure Questionnaire**

<b>Student:</b>		<b>DOB:</b>	<b>Grade:</b>
<b>School:</b>	<b>Information provided by:</b>		<b>Date:</b>
<b>Name of Physician treating child's seizures:</b>	<b>Physician Phone Number:</b>	<b>Hospital of Choice:</b>	
<b>1. What type of seizure disorder does your child have?</b>			
<b>2. Describe what the seizure looks like:</b>			
<b>3. When was your child's last episode?</b>			
<b>4. How long do seizures usually last?</b>			
<b>5. Approximately how often does your child have a seizure?</b>			
<b>6. Briefly describe what causes or triggers your child's seizures:</b>			
<b>7. Is there a warning sign or symptom prior to the seizure? Yes      No</b> If Yes, please describe:			
<b>8. Names of medications taken routinely:</b>			
<b>Medication</b>	<b>Dosage</b>	<b>How Often</b>	<b>When</b>
1.			
2.			
3.			
4.			
<b>9. Does your child experience any side effects to these medications? If so, please list:</b>			
<b>10. If your child has P.E. restrictions, activity restrictions, or limitations please provide documentation from the physician treating your child's seizures.</b>			

\*Please return completed form to school Health Office

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**11. Standard protocol for calling 911 in the event of a seizure occurring during the school day for a student with a known seizure condition is for:**

- Seizure lasts longer than 5 minutes
- Multiple seizures occur without regaining consciousness in between
- Student has acute injury/trauma
- Student has breathing difficulties or lips/tongue turn blue
- Student has a seizure in water

**\*If your child requires a variation from this protocol please provide documentation from the physician treating your child's seizures.**

**\*\*For students with a history of seizures but are not currently taking seizure medications and are no longer seeing a specialist to treat seizures, the protocol is to call 911 for a seizure unless alternate protocol has been provided by a treating physician.**

**12. Comments:**

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

\_\_\_\_\_  
Date