

Seizure Disorder Update Form

2019 – 2020



Dear Parent/Guardian,

You have indicated on your student's registration form that they have been diagnosed with a seizure disorder. In order to best anticipate their medical needs for the upcoming school year, please take a moment to answer the following questions so that we can update their medical protocol accordingly. You may have your child turn this form into the school office, or you may call our District Nurse at (503) 668-8011 ext. 7802 to update your student's plan.

Student Name: _____

Date of Birth: _____ **School:** _____

What age was your child diagnosed with this health condition? _____.

What type of seizure has your child been diagnosed with? (Check all that apply)

- Absence Seizures (petit mal) Atypical Absence Seizures
- Atonic Seizures (drop attack) Clonic Seizures
- Myoclonic Seizures Tonic-Clonic Seizures (gran mal)
- Simple Partial Seizures Complex Partial Seizures
- Other, please describe _____

How often does your child have seizures? _____

Date of last seizure: _____ **Type of seizure:** _____

Has your child required an emergency room visit or hospitalization due to seizures? YES

NO Date of last hospitalization: _____

What commonly triggers your child's seizures? (Check all that apply)

- Specific time of day or night Sleep deprivation
- Fevers or other illnesses Flashing bright lights or patterns
- Stress Hormonal changes
- Not eating well, low blood sugar Specific foods
- Other _____

Has your child experienced a seizure longer than 5 minutes? YES NO

Does your child experience a warning sign/aura before a seizure? YES NO

If yes, please describe: _____

Has your child been prescribed daily medication for seizures? YES NO

If yes, please list: _____

Has your child been prescribed emergency medication for seizures?

YES NO If yes, please indicate which medication: _____

Has your child needed to use this medication before? YES NO

Will you supply this medication to the school? YES NO

Does your child have a Vagus Nerve Stimulator? YES NO

Is there anything else you would like us to know? _____

NOTE:

▶ Authorization forms must be signed by a parent or guardian before a staff member can give medication to your child.

▶ Authorization forms must be signed by a parent or guardian before a student is allowed to self-carry and self-administer any prescription and non-prescription medication.

▶ All medication must be in its newest original container with accurate label.

▶ All prescriptions must be written by Oregon-licensed physicians.

▶ All prescription and non-prescription medication must be transported to and from the school office by a parent.

▶ Please make sure that all emergency contact info is up-to-date in the school's main office.

Signature: _____ Date: _____