



Seizure Packet

Please complete the following forms to better help us understand your child's health condition and provide a safe and healthy school environment.

- ☐ Authorization for Exchange of Information (Signature needed)
- ☐ Questionnaire (Signature needed)
- ☐ Authorization for Medication at School (Signature from parent and doctor needed)
- ☐ Medication Policy

If you have any questions or concerns please feel free to email any one of the Nurses below. We appreciate your help in providing the best care for your child.

Sincerely,
Alta Loma School District Nurses

Erin Stevens, MSN, RN
estevens@alsd.org

Karen Simon, MSN, RN
ksimon@alsd.org

Patti Boyle, BSN, RN
pboyle@alsd.org



PARENT'S AUTHORIZATION FOR EXCHANGE OF INFORMATION

To Whom It May Concern:

I hereby give my permission for the exchange of immunization/medical information contained in the record of my child:

Name of Student Birthdate Medical Record # (If applicable)

Between _____ and _____
(Name of Physician) (School Nurse)

Address: _____ School Stamp: _____

Physician Phone: _____ Fax: _____

Duration: This authorization shall become effective immediately and shall remain in effect until _____ (enter date) or for one year from the date of signature, if no date entered.

Parent(s)/Guardian (Print)

Signature of Parent(s)/Guardian

Date

Sincerely,
Alta Loma School District Nurses



QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Contact Information:

Student's Name: _____ School Year: _____ Date of Birth: _____
School: _____ Grade: _____ Classroom: _____
Parent / Guardian: _____ Tel. (H): _____ (C): _____ (W) _____
Other Emergency Contact: _____ Tel. (H): _____ (C): _____ (W) _____
Child's Neurologist: _____ Tel. _____ Location: _____
Child's Primary Care Dr.: _____ Tel. _____ Location: _____
Significant Medical History or Conditions: _____

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____

4. Are there any warning signs and/or behavior changes before the seizure occurs? ☐ No ☐ Yes, Explain _____

5. When was your child's last seizure? _____

6. Has there been any recent change in your child's seizure pattern? ☐ No ☐ Yes, Explain _____

7. How does your child react after a seizure is over? _____

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

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school? _____

10. Will your child need to leave the classroom after a seizure? ☐ No ☐ Yes

If YES, What process would you recommend for returning your child to the classroom? _____

SEIZURE EMERGENCY

11. Please describe what constitutes an emergency for your child. (Answer may require consultation with treating physician and school nurse.) _____



12. Has child ever been hospitalized for continuous seizures? ☐ No ☐ Yes, Explain _____

SEIZURE MEDICATION AND TREATMENT INFORMATION

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time administered	Possible Side Effects

14. What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (Timing and Method)	What to do after administration

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

16. Should any of these medications be administered in a special way? ☐ No ☐ Yes, Explain _____

17. Should any particular reaction be watched for? ☐ No ☐ Yes, Explain _____

18. What should be done if your child misses a dose? _____

19. Should the school have a backup medication available to give your child for missed dose? ☐ No ☐ Yes

20. Do you wish to be called before backup medication is given for missed dose? ☐ No ☐ Yes

21. Does your child have a Vagus Nerve Stimulator? ☐ No ☐ Yes

If Yes, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

22. Check all that apply and describe any considerations or precautions that should be taken.

- | | |
|--|--|
| <input type="checkbox"/> General Health _____ | <input type="checkbox"/> Physical Education/Sports _____ |
| <input type="checkbox"/> Physical Function _____ | <input type="checkbox"/> Recess _____ |
| <input type="checkbox"/> Learning _____ | <input type="checkbox"/> Field Trips _____ |
| <input type="checkbox"/> Behavior _____ | <input type="checkbox"/> Bus Transportation _____ |
| <input type="checkbox"/> Mood/Coping _____ | <input type="checkbox"/> Other _____ |

GENERAL COMMUNICATION ISSUES

23. What is the best way for us to communicate with you about your child's seizure(s)? _____

Parent / Guardian Signature: _____ Date: _____

Reviewed by R.N.: _____ Date: _____



Exception: California Education Code 49423.5 specialized services, i.e., Epipen, nebulizer, glucagon, insulin, diabetes care, etc. may require additional forms and instructions signed by parents or legal guardian and physician. **This form is valid for only one school year.**

Note: All medications must be prescribed, including, over the counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician.

Signature of Parent of Legal Guardian	Date	Home Phone	Work Phone
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Name of Physician (Please Print) _____ Office Telephone _____



INFORMATION FOR PARENTS OF STUDENTS NEEDING TO TAKE MEDICATION AT SCHOOL

Dear Parent/Guardian,

It is generally better to have medication administered at home; however, sometimes it is necessary for a child to take medication during school hours and we wish to assist you as needed. The school nurse serves several schools and is not available to help students take medication on a daily basis, so medically untrained, unlicensed school personnel most often perform this function. **Consequently we urge you, with the help of your health care provider, to work out a schedule to give medication outside school hours.**

In compliance with California Education Code 49423, when an employee of the school district helps a student take medication, the employee must be acting in accordance with the written directions of a person licensed to prescribe medications and with the written permission of the child's parent or legal guardian. These authorizations must be renewed whenever the prescription changes and at the beginning of each school term. ***THE INSTRUCTION LABEL ON PRESCRIPTION MEDICATIONS WHICH IS APPLIED BY THE PHARMACIST IS NOT ACCEPTABLE AS A PHYSICIAN'S STATEMENT. A PRESCRIPTION IS ALSO REQUIRED FOR OVER THE COUNTER MEDICATIONS. CHILDREN MAY TAKE MEDICATIONS AT SCHOOL ONLY WHEN A LEGAL PRESCRIPTION AND WRITTEN PARENT AUTHORIZATION ARE ON FILE.*** Prescriptions which are faxed to us must be followed by the original written prescription. Please ask your healthcare provider to mail the original at the time the fax is sent.

All medication must be stored in the health office. Children are not allowed to have medication in their possession at school, walking to and from school or on the school bus. This policy provides for the safety of all students on campus. The only exception to this policy is if the student's well-being is in jeopardy unless the medication, such as an inhaler for asthma, is carried on his/her person. The appropriate release forms can be obtained from the school and must include a statement from the physician that the student's well-being is in jeopardy unless he/she carries the medication.

Medication must be provided to the school in the container in which it was purchased, with the prescription label attached, and must be prescribed to the student who will take the medication. Students may not take medication brought to school in a plastic bag, plastic ware, or any other repackaging. Students may not take out of date medication at school. An adult must bring the medication to school along with the completed authorization form/s.

If you anticipate a visit to your child's physician or dentist and expect that medication may be prescribed or the dosage changed, please stop by the school office for the appropriate forms.

Thank you.

ALTA LOMA SCHOOL DISTRICT NURSES

Erin Stevens MSN, RN
District School Nurse

Karen Simon MSN, RN
District School Nurse

Patti Boyle BSN, RN
District School Nurse