



# Alta Loma School District

## 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, BSN, RN  
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# Alta Loma School District

## 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 \_\_\_\_\_  
\_\_\_\_\_



# Alta Loma School District

## 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)? \_\_\_\_\_

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by R.N.: \_\_\_\_\_ Date: \_\_\_\_\_



# Alta Loma School District

## AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

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 valid *only* one school year.**

### 1. Parent or Legal Guardian Section

**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.

I request that the designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse (or designee) to communicate with my child's prescriber and to counsel school personnel as needed with regard to my child's health. I agree to, and do hereby hold the District and its employees, harmless, for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I agree to comply with the district rules related to administering medication at school.

\_\_\_\_\_  M  F \_\_\_\_\_  
Name of Child Sex Date of Birth

\_\_\_\_\_ \_\_\_\_\_  
Name of School Grade

I will *immediately* notify the school if there are any changes in medications my child is taking at school.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Signature if Parent of Legal Guardian Date Home Phone Work Phone

### 2. Physician Section

The child named above is under my care. It is necessary for him or her to receive the following prescribed medication during school hours.

Diagnosis for which medication is prescribed \_\_\_\_\_

Name of medication (one medication per form) \_\_\_\_\_

Dosage (Be specific, i.e., milligrams, etc.) \_\_\_\_\_

Time of day to be given \_\_\_\_\_ Frequency and Indication if "as needed" \_\_\_\_\_

If "as needed" described indications and sequence orders \_\_\_\_\_

Method of administration      ORAL:       Liquid       Tablet       Inhaler  
DROPS:       Eye\_R\_L       Ear\_R\_L       Nostril\_R\_L  
OTHER:       Topical       Other \_\_\_\_\_

Precautions or side effects \_\_\_\_\_

Storage and handling - Routine handling, medication in locked storage and administered by trained personnel \_\_\_\_\_

Additional special instructions \_\_\_\_\_

Office Stamp

\_\_\_\_\_ \_\_\_\_\_  
Signature of Physician Date

\_\_\_\_\_ \_\_\_\_\_  
Name of Physician (Please Print) Office Telephone



# Alta Loma School District

## 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 BSN, RN  
District School Nurse