Dear Parent/Guardian: Thank you for providing this information to us to help keep your child safe and healthy at school. Your school nurse will be in contact with you if follow up information is needed. Please return all forms to your child’s school office or email them to hservices@mesd.k12.or.us

Child’s Name:       Date of Birth       Today’s Date

School:

Parent(s)/Guardian(s) name(s):

Health Care Provider:       Phone       Fax

**History:**

When was your child diagnosed with a seizure disorder?

When was your child’s last neurology appointment, if applicable?

What do your child’s seizures look like?

How often does your child have seizures?

When was your child’s last seizure and how long did it last?

Has your child been to the ER or hospitalized for a seizure in the last year: [ ]  Yes [ ]  No

If yes, please explain:

Are there any warning signs and/or behavior changes before a seizure occurs (please describe)?

Are there any things that might cause a seizure for your child?

**Treatment: Please note that all medications at school must be kept in their original containers and all prescription medications must have pharmacy labels attached to them.**

What medication(s) does your child take at home?

What emergency/rescue medication(s) are prescribed for your child?

Does your child need to take medication(s) during school hours? [ ]  Yes [ ]  No

If yes, what is the name of the medication(s) and the dose.

Will you send emergency/rescue medication(s) to school? [ ]  Yes [ ]  No

Does your child have a Vagus Nerve Stimulator (VNS)? [ ]  Yes [ ]  No

Have you provided a current set of health care provider orders to the school? [ ]  Yes [ ]  No

Does your child have a seizure helmet that they will need to wear at school? [ ]  Yes [ ]  No

Does your child have any other health concerns besides seizures? [ ]  Yes [ ]  No

If yes, please explain

Is there any additional information that would be important for us to know?