

Benton Elementary
Phone: 574-831-2192
Fax: 574-831-2200

Fairfield Community Schools

Health Services

2020 - 2021

Millersburg Elem. & Middle
Phone: 574-642-3074
Fax: 574-642-3918

Fairfield Jr-Sr High
Phone: 574-831-2184
Fax: 574-831-2187

New Paris Elementary
Phone: 574-831-2196
Fax: 574-831-3160

SEIZURE PARENT INFORMATION FORM

You indicated on school records that your child, _____ Grade _____ has a history of Seizures. It is important to have a health information update annually should your child need help at school. **Please answer in detail the following questions and return these forms to Health Services the next school day. Please attach additional information or special instructions. If you have questions or concerns, please contact the school nurse.**

EMERGENCY INFORMATION

Please list daytime phone numbers where you can be reached:

Parent/Guardian Name: _____ Parent Phone Number: _____

Parent/Guardian Name: _____ Parent Phone Number: _____

Other Emergency Contact/Relationship _____ Phone Number: _____

Student's Health Care Provider _____ Phone Number: _____

HISTORY

1. When was your child diagnosed with seizures?
2. How often does a seizure occur?
3. When was your child's most recent seizure?
4. Has your child been hospitalized in the past for seizures?
5. Why type of seizures does your child have?
6. Describe what occurs during your child's seizure?
7. Has there been any recent change in your child's seizure patterns? Yes No If YES, please explain:
8. What may trigger a seizure in your child?
9. What warning signs or behavioral changes, if any, occur before a seizure?
10. How long after a seizure before your child can return to regular activities?

MEDICATIONS AND TREATMENT:

1. Are medications needed to control seizures? Yes No **If YES, please list below:**

MEDICATION	DOSAGE	TIME OF DAY GIVEN	POSSIBLE SIDE EFFECTS

2. Please list restrictions to activity. (PE, sports, recess, etc.)
3. Please note any other information or concerns. (Use back side of form if necessary)

I certify that the above information is complete and accurate. I give permission for this information to be released to necessary staff at my child's school. This information will be kept confidential, but may be used to assess the need for treatment in the event of a seizure. I agree to notify the nurse immediately of any changes in my child's condition or medications or in changes of emergency phone numbers. If the Seizure Parent Information Form for the current year is not signed by the parent and/or provided to the school, the most recent signed Seizure Parent Information Form available will be followed until the school receives an updated form.

Parent/Guardian Signature

Date Signed