

Dublin City School District

Students 5340 F5 Revised 12/1/17

Parent/Guardian Information on Child's Seizure Disorder

Dublin City Schools is committed to providing a safe and healthy learning environment for all students so they can participate fully in school activities. In order to do so, the following medical information will be helpful for the school nurse to develop and/or update a school health care plan for your child as applicable.

Student's Name		Birthdate	School	Grade	School Year
Name of Health C	aging Child's Seizure Disc	d's Seizure Disorder		Phone Number	
Parent/Guardian Signature				Date	
Seizure Information	T 41	T. C.	Т		
Seizure Type	Length	Frequency		Description	
What happens during the se	izure?				
How long has your child had	d seizures?	What triggers	the seizure?		
Are there any warning or be	havior changes bet	fore the seizure? Yes	_ No If yes,	, please expla	in:
How long does the seizure l	ast?	What time of day do	the seizures usuall	y happen?	
How often do the seizures u	sually come?	What v	vas the date of the l	ast seizure?	
Ooes your child take any mo	edication to control	l his/her seizures? Yes _	No (If yes	s, please list b	pelow)
Medication		Route	Dose		Time/Frequency
Student has a Vagus Nerve	Stimulator (VNS)?	Yes No			
Special considerations & sa	fety precautions for	r school activities:			
	Sym/sports (physic	al activity) ☐ Phys	ical functioning	☐ Learnin	_
□ Recess □ Explain:	Bus transportation	⊔ Moo	d / coping	☐ Behavio	or Other
What happens when your ch	aild misses a dose of	of seizure medication?			
Are there any other recurring	g or chronic health	problems?			

NOTE: If your child requires medication at school, medication forms can be downloaded from the district's web site. These forms are also available in the school clinic. Parents must bring the completed form, along with the medications to treat your child's seizure, to the school clinic.