



BUCKS COUNTY TECHNICAL HIGH SCHOOL

610 Wistar Road, Fairless Hills, Pennsylvania 19030

School Nurses Office

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A campus of Bensalem, Bristol Borough, Bristol Township, Morrisville, Neshaminy & Pennsbury School Districts

SEIZURE QUESTIONNAIRE

Student's Name _____ Grade _____

It was indicated on your student's health record that he/she has a history of seizures. We would like to have more information so that we may provide the most effective care during the school day. Please answer the following questions and return this form to the Nurse's Office as soon as possible.

What type of seizure does your child have? _____

When was your child first diagnosed with a seizure disorder? _____

Please describe a typical seizure and how long it usually lasts. _____

Does your child have an aura? If so, please explain. _____

What procedures are followed for your child during and after a seizure? _____

When was the last time your child had a seizure? _____

Has your child ever been hospitalized for his/her seizures? If yes, please give dates and describe in more detail. _____

How do other illnesses affect your student's seizure control? _____

What restrictions related to physical education and their technical shop need to be implemented? _____

Does your child take medication for seizure management?

Medication

Dosage

Frequency

Time of Day

Will your child need emergency medication at school to be administered by the certified school nurse?

Date

Parent/Guardian Signature