

# Seizure Form



## CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038

(586) 723-2000 FAX (586) 723-2001

"Chippewa Valley Schools...preparing students today for the challenges of tomorrow"

Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

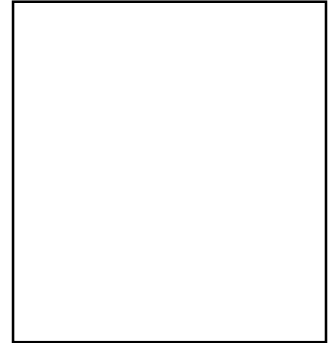
Grade: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Parent # 2: \_\_\_\_\_

Parent/ Guardian #1 Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/ Guardian #2 Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician telephone: \_\_\_\_\_



STUDENT PICTURE

### Seizure information-to be completed by parent.

1. Please indicate the types of seizures your child has had: \_\_Grand mal, \_\_petit mal (absence), \_\_drop, \_\_partial
2. Describe in detail what the seizures look like: \_\_\_\_\_  
\_\_\_\_\_
3. How long does a seizure last? \_\_\_\_\_
4. Date of last seizure and type (approximate): \_\_\_\_\_
5. List conditions that may precipitate a seizure (ie: blinking lights, computer, noise, illness) \_\_\_\_\_  
\_\_\_\_\_
6. Does your child need any protective equipment at school (ie: helmet)? \_\_\_\_\_
7. Are there any restrictions on activity due to seizure disorder? Driving\_\_\_\_\_, Climbing on play/ athletic equipment above 5 feet \_\_\_\_\_
8. Does your child have any signs prior to seizure occurring (called an aura) ie: odd smell, nausea Please describe \_\_\_\_\_  
\_\_\_\_\_
9. What medication does your child take for seizure control and when are they taken? \_\_\_\_\_  
\_\_\_\_\_

If medication is needed during the school day the Request for Medication form is required to be completed by parent and physician.

SEE OTHER SIDE

Parent and Physician- Please review the following First Aid for Seizures and Indicate any additional care needed

What To Do for a Student Having a Seizure

1. Provide for safety of student by removing any objects that may injure student; cushion head with hands or clothing. Do not leave alone.
2. Call for additional staff assistance to remove other students from the area, if possible.
3. Time the seizure. Time started: \_\_\_\_\_ Time ended \_\_\_\_\_
4. Call 911 under the following circumstances:
  - If student is having a convulsive seizure that lasted more than 5 minutes.
  - If one seizure is immediately followed by another
  - If student is having difficulty breathing
5. Call parent to report any seizure or suspected seizure that occurs at school.
6. Reorient student and guide to safe location to rest following the seizure. Confusion, disorientation and fatigue are very common after a seizure.

Please indicate any additional care or different time lines for calling 911 below:

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Physicians Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information provided will be shared with student's teachers, administrators, secretaries, hall monitors, lunch aides, bus drivers & other staff with a need to know.