

Seizure Health Intake Form

NOTE: The student's Individualized Health Plan must be updated annually including medication orders.

Student's Name _____ DOB _____ Grade _____ Today's Date _____

Parent/Guardian 1 _____ Contact Information _____

Parent/Guardian 2 _____ Contact Information _____

Name of healthcare provider _____ Last visit _____ Phone Number _____

Name of neurologist _____ Last visit _____ Phone Number _____

Health Insurance Private MaineCare Currently without insurance

Diagnosis _____ Seizure type _____

Medical alert jewelry worn Yes No Current 504 Plan Yes No IEP Yes No

Transportation to school _____ home _____

After-school activity participation Yes No Activities _____

Other related medical conditions _____

Age at onset of seizures _____ Date of student's last seizure _____

Any known triggers (fatigue, heat, etc.) _____

How does the student act before a seizure (vision distorted, hearing or smell, etc.)

What does a student's seizure look like (stares into space, body stiffens, loses bladder control, etc.)

Emergency actions has the student previously needed (medication to stop seizure, ambulance, etc.)?

Frequency of seizures (number in a day, month) _____

How long do the seizures typically last? _____ Single seizure or clusters? _____

Has student ever had a seizure that lasted longer than 5 minutes? Yes No

How does student act after a seizure (sleepy, cries, etc.)? _____

Describe student's understanding of their seizure disorder: None/Limited Basic Knowledgeable

Daily Medications

Medication	Dose	Route of Administration	Prescribed Time

Emergency Medication

Medication	Dose	Route of Administration	Prescribed Time

How often does student require emergency medication? _____ Last dose _____

Typical response to emergency medication _____

When have you been instructed to call 911 after or during a seizure? _____

Does the student have a vagus nerve stimulator? Yes No

If yes, instructions for appropriate magnet use: _____

Special considerations and precautions: Check all that apply and describe any considerations, precautions or strategies that should be taken:

General _____

P.E./sports _____

Learning _____

Recess _____

Behavior _____

Bus transportation _____

Mood/coping _____

Other _____

Describe student's response and current coping/adaptation to having seizures: _____

Other important information for school staff to know: _____

Parent/Guardian Signature: _____ Date: _____