A picture containing text, lamp

Description automatically generated

Form 316-04

|  |  |
| --- | --- |
| School |  |
| Teacher |  |
| Grade |  |

**SEIZURE FOLLOW-UP**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | |  | | | | Birth Date: | |  |
| Parent 1 Name: | | |  | | | | | Relationship: | |  |
| Cell # |  | | | | | Work # |  | Home # |  | |
| Parent 2 Name: | | |  | | | | | Relationship: | |  |
| Cell # |  | | | | | Work # |  | Home # |  | |
| Emergency Contact 1: | | | | |  | | | Relationship: | |  |
| Cell # |  | | | | | Work # |  | Home # |  | |
| Emergency Contact 2: | | | | |  | | | Relationship: | |  |
| Cell # |  | | | | | Work # |  | Home # |  | |
| Doctor’s Name: | |  | | | | | | Phone # |  | |
| Does your child have any warning symptoms before a seizure? (please describe) | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| What happens during a seizure? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| What care do you want your child to have following a seizure? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| When was the last seizure? | | | | | | | | | | |
|  | | | | | | | | | | |
| How often do they have seizures: | | | | | | | | | | |
|  | | | | | | | | | | |

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Form 316-04

**Medications**

Is your child on medication? \_     \_\_\_\_\_\_\_\_\_\_ If yes, please complete the information below

|  |  |  |  |
| --- | --- | --- | --- |
|  | Names |  | Times |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |

Describe possible side effects to the medication(s)

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IF YOUR CHILD WILL NEED MEDICATION WHILE AT SCHOOL, PLEASE ASK FOR THE APPROPRIATE FORM.** | | | | |
| Do you have any additional health concerns for your child while he/she is at school? | | | | |
|  | | | | |
| Does your child wear a Medic Alert bracelet? | |  | | |
|  | |  | | |
|  | | |  |  |
| (Parent/Legal Guardian Signature) | | |  | (Date) |

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