

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: |
|       |

Page 1 of 2

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) |

Page 2 of 2