Seizure Interview

SCHOOL YEAR _____

Student Date of Birth Grade	Parent/Guardian Phone
Neurologist Phone Last visit	Parent/Guardian Phone Emergency Phone
	☐ Maine Care ☐ Private Insurance ☐ Need Information

After-school activities:

Diagnosis/Seizure type	Age of onset	Frequency	Duration of seizure
Known Triggers:		Describe seizure activity:	
Does your child have a history of a seizure lasting longer than 5 minutes?		Does your child have a history of rescue medication use?	
Describe how your child feels/acts before a seizure.		If your child has a vagus nerve stimulator, please provide instructions:	
Describe how your child acts after a seizure.		Describe your child's understanding of seizures.	

Please be sure to list daily and emergency medications on the Annual Health Form.

Describe considerations necessary for the school day.

☐ Athletics/Physical Education ☐ Classroom

☐ Recess ☐ Bus/Transportation

Please share any health-related goals and needed assistance.

By signing below, I permit the school nurse to share information about my student's health with appropriate school and medical personnel for my student's ongoing safety at school.

Parent/Gaurdian_____Date_____

In an emergency when assistance is needed and emergency contacts are not reached, the healthcare provider will be contacted and if necessary 911 (emergency services) will be called.