

Seizure Information Form



This form should be completed in its entirety for emergency purposes.

In the event that your child has a seizure, the staff requires having the most up to date information to assist in the proper care.

Name: _____ Date: _____

Form Completed by: _____ Relationship: _____

1. How frequent do seizures occur? _____
2. Please describe the characteristics of the seizures:

3. What is the usual duration of seizure? _____
4. When do seizures normally occur? _____
5. Are there any sign/ trigger/ warning to the seizure?

6. Please describe the participant reaction after a seizure:

7. Please explain what actions to take in the event of a seizure:

8. What medication is the participant currently taking?

9. Are there side effects to the medicine? _____
 - a. If so, what are they? _____
10. In the event of a seizure you will be notified. Please list all contacts:
 - a. Name: _____ Number: _____
 - b. Name: _____ Number: _____
 - c. Name: _____ Number: _____

Please indicate any specifics regarding any conclusive medical concerns.

In the event that a participant has a grand mal seizure, 911 will be called.

Parent Signature:

_____ **Date:** _____