



## COMMUNITY RECREATION SEIZURE PLAN

FORM DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ TREATING PHYSICIAN: \_\_\_\_\_

### SEIZURE INFORMATION

TYPE	LENGTH	FREQUENCY	DESCRIPTION

Triggers/Warning signs: \_\_\_\_\_

Child's response after a seizure: \_\_\_\_\_

### EMERGENCY RESPONSE

A "seizure emergency" for this child is described as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SEIZURE EMERGENCY PROTOCOL (check all that apply & clarify below)

- ☐ Call 911 for transport to \_\_\_\_\_  
☐ Notify parent or emergency contact  
☐ Administer emergency medications as indicated below  
☐ Notify doctor  
☐ Other \_\_\_\_\_

### TREATMENT PROTOCOL DURING RECREATION PROGRAMS

EMERGENCY MEDS Y/N?	MEDICATION	DOSAGE & TIME OF DAY GIVEN	COMMON SIDE EFFECT / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of Physician and Practice

Please note that this form must be updated by parents/caregivers annually or when information changes.

Updated 10/21/16