



SEIZURE EMERGENCY PLAN

PARTICIPANT: _____

SEIZURE INFORMATION

Possible Triggers of a Seizure:

- | | |
|--|---|
| <input type="checkbox"/> Overtired | <input type="checkbox"/> Menstrual Cycle |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Low Blood Sugar |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Time of Day. When? _____ |
| <input type="checkbox"/> Flashing Lights | <input type="checkbox"/> Specific Foods _____ |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Other _____ |

Warning signs/symptoms BEFORE a seizure occurs:

- | | | |
|---|--|--|
| <input type="checkbox"/> Unusual tastes | <input type="checkbox"/> Headache | <input type="checkbox"/> Tingling sensations |
| <input type="checkbox"/> Unusual smells | <input type="checkbox"/> Neck pain/stiffness | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Weakness/fatigue |
| <input type="checkbox"/> High temperature | <input type="checkbox"/> Daydreaming | <input type="checkbox"/> Other: _____ |

Signs/symptoms DURING a seizure (i.e. starting, convulsions, no response) _____

PAST SEIZURE INFORMATION

Frequency of seizures: _____ Duration of each seizure: _____

EMERGENCY PROCEDURE

First Aid for Generalized Convulsive Seizures

- Keep calm. Let the seizure take its course and begin timing the seizure.
- Protect from further injury if possible. Place something soft in under the head
- Do Not Force Anything in the person's mouth.
- Roll the person on their side afterward as soon as possible
- If a seizure goes on longer than 5 minutes, or repeats without full recovery, call EMS
- Afterward, talk gently to the person, be comforting and reassuring.

Should emergency personnel be notified immediately?

YES NO

Should the Parent/Guardian or Emergency Contact be notified immediately?

YES NO

What other procedures should staff follow?

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

I acknowledge that the standard of care which I would expect of the employees of the "CARA SUMMER PROGRAM" shall be that of the ordinary layman, bearing in mind the absence of trained medical personnel with the organization.

Participant/Parent/Guardian Signature

Date