



ACTION CARE PLAN: SEIZURES

Student's Name: _____ Age: _____ DOB: ____/____/____

EMERGENCY INFORMATION:

Parent/Guardian Name: _____

Mother: Cell: _____ Work: _____ Home: _____

Father: Cell: _____ Work: _____ Home: _____

Emergency Contact (different from above) Name & Phone: _____

Physician Name: _____ Phone: _____

Physician Address: _____

HISTORY:

Seizure Type: _____

Description of typical seizure: _____

Behaviors exhibited before a seizure: _____

Possible Triggers: _____

Average Length of Seizure: _____

Average Frequency: _____

Special Treatments: _____

*****DATE OF LAST SEIZURE:** _____

ALL CURRENT MEDICATIONS (Please complete our MANDATORY Medication Dispensing Form if medication is to be given during camp):

Name of Medication: _____

Dosage: _____ Frequency: _____ Time(s) of Day: _____

List Any Possible Side Effects: _____

Any additional information: _____

Silton Swim School Emergency Treatment Protocols:

1. Stay with child, summon for additional help, and notify parent/guardian immediately.
2. Do not attempt to restrain or stop the seizure.
3. Protect student from further damage (clear furniture or objects, cushion, or cradle head).
4. If student is standing or sitting at start of seizure, ease to floor to avoid fall.
5. If student is in the pool at start of seizure, immediately support their head above water until seizure ends.
6. Give medication as appropriate if ordered.
7. If seizure lasts for more than 5 min. or another seizure begin, immediately call 9-1-1.

Signature of Parent/Guardian: _____ Date: _____