

Personal Information

Camper's Name: _____ Date of Birth: _____

Address: _____

Parent / Guardian Name: _____ Relationship to Child: _____

Address (if different from camper): _____

Parent / Guardian Phone Numbers: Home: _____ Work: _____ Cell: _____

Alternate Name: _____ Relationship to Child: _____

Alternate Phone Numbers: Home: _____ Work: _____ Cell: _____

INSTRUCTIONS: Complete the following information to help give the camp staff a better idea of your child's seizures and other health concerns. Review this form, in addition to the seizure preparedness form and other resources, with your child's doctor (or nurse) and with camp staff.

HEALTH PROBLEMS: Please list the types of seizures that your child has and any other health problems. Include any problems that may affect his or her safety or ability to participate in camp activities.

SEIZURE DESCRIPTIONS: Describe in your own words what each type of seizure looks like. Include any warning, seizure behaviors, and what happens after the seizure.

Seizure type 1:

Seizure type 2:

Seizure type 3:

SEIZURE TRIGGERS: Are there any factors that seem to make your child more likely to have a seizure? Do seizures occur at any specific time of day or night, or are there any other patterns to his or her seizures? Please include plans for how these triggers are managed, the need for special accommodations, and tips for staff.

OTHER PROBLEMS: Please describe any problems that may affect your child in the following areas:

1) **Moods, behavior, learning or attention:** Be sure to include any other cognitive problems that staff should know about and how they are managed. Include the need for special accommodations and tips for staff.

2) **Movement or ability to walk:** Note if your child has problems with weakness, balance, coordination or other problems and if any mobility aides are used. Include any special accommodations to get around safely and tips for staff.

3) **Senses:** Note if your child has any problems with feeling (are they able to feel hot and cold, pain, etc), vision, smelling, tasting, or hearing. Include any special accommodations and tips for staff:

4) **Communication:** Note if your child has any difficulty speaking, understanding, or writing. Include alternative methods of communicating that your child uses and any other special accommodations and tips for staff.

5) **Social Skills:** Note if your child has any problems with social skills or interacting with peers. Include any special accommodations your child may need or tips for staff.

6) **Other Concerns or Problems:**

TREATMENT INFORMATION: Please list any medications or other treatment used for a seizure. Attach a medication schedule (My Medicine Schedule) that lists how each medicine is given and at what times. If your child takes ANY medicine, talk to the camp nurse (or director) to make sure that the right amount of medicine is sent with the child and for any other special instructions.

PLANS FOR RESPONDING TO SEIZURES: Please describe what is done for your child when he or she has a seizure and any special first aid interventions. Be sure to include if your child is at risk for a seizure emergency and if 'as needed' or rescue treatments are prescribed. Complete a seizure preparedness plan (My Seizure Plan) and attach to this form.

Safety Plans:

1) **Safety Risks:** Please note any safety risks for your child. Include if your child falls during a seizure or other seizure behaviors that may affect his or her risk for injury. Also note if your child has any medicine side effects that may affect safety.

2) **Restrictions on Camp Participation:** Please list all activities that your child may not participate in and any activities that may need special accommodations (for example special equipment or 1-1 supervision).

3) **Adaptive or Safety Equipment:** Please list any equipment or adaptive aids that your child uses to help him or her move around safely or prevent injury in other ways. Note when these aids should be used and other instructions for staff.

4) **Other Safety Precautions:** Please describe any other safety precautions that should be used for your child due to seizures or other health problems. Note if there are certain times that specific activities should be avoided and if alternative activities may be needed.

*** If specific precautions or equipment is needed, you may be asked to get specific orders from your child's doctor. Review any restrictions and precautions with your child's doctor.**

Thank you for your help!

Date form was completed: _____