

Personal Information

Camper's Name: _____ Date of Birth: _____

Address: _____

Parent / Guardian Name: _____ Relationship to Camper: _____

Address (if different from camper): _____

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

Alternate Contact: _____ Relationship to Camper: _____

Alternate Contact Numbers: Home: _____ Work: _____ Cell: _____

INSTRUCTIONS: Complete the following information to help give the camp staff a better idea of the camper's seizures and other health concerns. Review this form, in addition to the seizure response plan, with your or your child's health care team and with camp staff.

HEALTH PROBLEMS: Please list the types of seizures that the camper has and any other health problems. Include any problems that may affect safety or an 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) **Mood, 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 there are problems with weakness, balance, coordination, or other problems. Include any mobility aids that are used and special accommodations needed to get around safely.

3) **Senses:** Note if there are problems with feeling (hot, cold, pain, etc.), vision, smelling, tasting, or hearing. Include any special accommodations and tips for staff.

4) **Communication:** Note if there are difficulties speaking, understanding, or writing. Include alternative methods of communicating and any other special accommodations and tips for staff.

5) **Social Skills:** Note if there are problems with social skills or interacting with peers. Include and special accommodations and 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 that lists how each medicine is given and at what times. Talk to the camp nurse (or director) to make sure that the right amount of medicine is available. Include any special instructions.

PLANS FOR RESPONDING TO SEIZURES: Please describe what is done when a seizure occurs. Include any special first aid interventions. Be sure to include if there is a risk for a seizure emergency and if 'as needed' or rescue treatments are prescribed. Complete a seizure response plan and attach to this form.

Safety Plans:

1) **Safety Risks:** Please note any safety risks the camp staff need to know about. Include fall risks and other seizure behaviors that may increase risk of injury. Include any medication side effects.

2) **Rescriptions of Camp Participation:** Please list all activities that the camper 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 is used to help 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 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 health care team. Review any restrictions and precautions if your health care team.

Thank you for your help!

Date form was completed: _____