

Seizure Action Plan

Effective Date: _____

This camper is being treated for a seizure disorder. The information below is meant to assist camp staff if a seizure should occur.

Camper Name _____

Date of Birth _____

Parent/Guardian _____

Phone _____

Treating Physician _____

Phone _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Camper's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures: _____

Basic Seizure First Aid

- Stay calm & Track Time
- Keep camper Safe
- Do not restrain
- Do not put anything in mouth
- Stay with camper
- Record Seizure in log

Emergency Response:

A "seizure emergency" for this camper is defined as: _____

Seizure Emergency Protocol (check all that apply)

- Contact Camp Nurse
- Call 911
- Notify parent or emergency contact
- Administer emergency medication: _____
- Notify Doctor
- Other _____

For tonic-clonic seizure

- Protect head
- Keep airway open
- Turn camper on side

Special Considerations and Precautions (regarding activities, sports etc...)

Describe any special consideration or precautions: _____

A seizure is generally considered an emergency when one of the following occurs or at Adam's Camp discretion:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Camper has repeated seizures without regaining consciousness
- Camper is injured or has diabetes
- Camper has first-time seizure
- Camper has breathing difficulties
- Camper has seizure in water

Physicians Signature _____ Date _____

Parent/Guardian Signature _____ Date _____