

**North East Westchester Special Recreation Inc.
Information Regarding Persons with Seizure Disorder**

Name: _____

Doctor's name and phone number: _____

Type of seizure: _____
(briefly describe) _____

Typical duration: _____

Is there an aura before the seizure occurs (an aura is an usual sensation or feeling that occurs before the seizure i.e. seeing colors, hearing sounds, strange taste or smell or an urgent need to get to safety): _____

if so, what: _____

Date of last seizure: _____ # of seizures: _____
(within the last year)

How would you like our staff to respond to a seizure while your son/daughter is at program?

Procedure:

Call 911 immediately

Call 911 if convulsions last more than _____ minutes
(fill in number)

Call parents/guardian to report seizure immediately following seizure (if individual needs to go home or hospital)

Handle seizure by cushioning head and creating a safe surrounding - no follow up necessary

Any other comments:

Parent/Guardian/Agency Signature

Date

Please let us know if this information should change