



**North East Westchester Special Recreation, Inc.**

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

[www.northeastsspecialrec.org](http://www.northeastsspecialrec.org)

Dear Parents/Guardian:

If your child is diagnosed with a seizure disorder, please complete the attached form. In an effort to handle their seizures appropriately and create the safest environment, we require that the attached form be completed.

Once the form is completed, please return to our office as soon as possible. If you would like to speak with one of our staff regarding the information on this form, please call 914-347-4409.

Thank you.

Sincerely,

*Ellie Arnemann*

Ellie Arnemann  
Executive Director



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

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **Physician Phone #:** \_\_\_\_\_

**Type of Seizure (briefly describe):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Typical Duration:** \_\_\_\_\_

Is there an aura before the seizure occurs i.e., seeing colors, hearing sounds, a taste/smell or certain action that indicates an oncoming seizure?

**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last seizure:** \_\_\_\_\_

**Approximate # of seizures per month:** \_\_\_\_\_ or per year: \_\_\_\_\_

Staff are instructed to keep individuals safe during seizures, create safe surrounding, and cushion individual's head. In addition, 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 seizing more than \_\_\_\_\_ # of minutes (indicate number of minutes)
- \_\_\_ Call parents/guardian to report seizure immediately following seizure
- \_\_\_ No follow up necessary, but to notify parents by end of program day

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**