



Arlington County
Department of Parks and Recreation
Epilepsy/Seizure Action Plan

Participant Name:	DOB:
Primary Emergency Contact:	Phone:
Secondary Emergency Contact:	Phone:

Seizure Symptoms <small>Type of seizure, precursor symptoms, what seizure activity looks like, duration of seizure activity.</small>	Emergency Medicine(s) <small>When and how to administer</small>	How often do these types of seizures occur?	Day and time of last seizure of this type	Who to contact if this type of seizure occurs?	When should EMS be contacted? <small>(please write N/A if EMS does not need to be called)</small>

Please describe how staff can support participant as they recover from a seizure:

Information for 911/EMS:

Preferred Hospital		Daily Seizure Medication(s)	
Medical Insurance and Policy Number		Allergies	
Primary Care Physician		Weight	
Neurologist		Other	

Parent/Guardian will:

- Provide information regarding the most current approved Epilepsy/Seizure Action Plan and provide staff any updates or changes to the plan as they occur.
- Provide signed medication form for the above mentioned medication
- Provide appropriate medication as indicated in the Epilepsy/Seizure Action Plan

Staff Will:

- Provide care consistent with the above plan by staff trained in basic first responder CPR/First Aid
- Provide accurate, timely information about the scheduled activities and program environment via the camp calendar
- Document care provided as it is given using documentation log below
- Provide adequate space as needed for care
- Provide appropriate storage, access, and disposal for medication and equipment
- Communicate with the parent/guardian as outlined in the above plan

I, (parent/guardian) _____, acknowledge and agree that the information set forth herein accurately reflects the procedures required for implementation of the Epilepsy/Seizure Action Plan for (participant:) _____. I further acknowledge that DPR staff will rely upon the information provided herein in order to make reasonable efforts to provide care.

Parent/Guardian Name (Print)

Parent/Guardian Signature Date

Parent/Guardian Name (Print)

Parent/Guardian Signature Date

