CONFIDENTIAL

SEIZURE ACTION PLAN

To be filled out by Parent or Guardian

Eden Prairie Parks and Recreation intends to use the requested information to provide for your child's health and safety while attending programs. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health plan for your child. The information you provide will be shared only with staff in the program whose jobs require access to this information to ensure your child's safety.

Effective Date: _____

Participant

FIRST NAME	LAST NAME
HOME PHONE	CELL PHONE
BIRTH DATE	☐ Male ☐ Female
Treating Physician	Phone
Medical History	

Seizure Information

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:	Prior to Seizure warning signs or behavior changes:
Participant's reaction to seizures:	Average Length of Seizure:

Care & Comfort

CARE & COMFORT

Does participant need to leave the program after the seizure? ☐ YES ☐ NO

If YES, describe process for returning participant to program:

Data Practice

DATA PRACTICE

The Data Practices Act requires that we inform you or your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Eden Prairie Parks and Recreation staff. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

Parent/Guardian Signature: _____ Date: _____

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SEIZURE ACTION PLAN

Effective Date: _____

TREATMENT PROTOCOL DURING PROGRAM HOURS
Relating to Seizure

Treatment

Emergency Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

A "Seizure Emergency" for this person is defined as:

Seizure Emergency Protocol: (*check all that apply and clarify below*)

☐ Call 911 for Transport to _____

☐ Notify parent or emergency contact

☐ Notify doctor

☐ Administer emergency medications:_____

Does participant have a **Vagus Nerve Stimulator (VNS)**? ☐ YES ☐ NO

If YES, describe magnet use:

List any special considerations and safety precautions.

Email completed and saved form to:

Nicole Weedman
Nweedman@edenprairie.org
952-949-8456

Or mail or drop off to:

City of Eden Prairie
Parks and Recreation
8080 Mitchell Road
Eden Prairie, MN 55344

A seizure is generally considered an emergency when::

- A convulsive (tonic-clonic) seizure lasts longer than 5 min.
- Participant has repeated seizures without regaining consciousness
- Participant has a first time seizure
- Participant is injured or has diabetes
- Participant has breathing difficulties
- Student has a seizure in water

Basic Seizure First Aid:

- Stay calm & track time
- Keep participant safe
- Do not restrain
- Do no put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

<u>For tonic-clonic (grand mal) seizure:</u>

- Protect head
- Keep airway open/watch for breathing
- Turn participant on side