

SEIZURE DISORDER ALERT POSTER

Child's Photo Here

Child's Name: _____ Camper Age: _____

Emergency Contacts

1. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

2. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

3. Name and Relationship: _____

Daytime Telephone #: _____ Alternate Telephone #: _____

Rescue Medication

Has any emergency rescue medication been prescribed? Yes No

If yes, please complete and attach the rescue medication plan.

Known Seizure Triggers (Check triggers specific to your child)

- Stress
- Changes in Diet
- Illness
- Menstrual Cycle
- Lack of Sleep
- Improper Medication Balance
- Inactivity
- Electronic Stimulation (TV, Videos, Florescent Lights)
- Change in Weather
- Other; please list _____

Any other medical condition or allergy?

I have read and understood that the personal information and photo on this form may be posted and/or made available to staff in case of an emergency. Personal information contained on this form is collected under the authority of the Municipal Act, and will be used by the staff in case of an emergency. Questions about this collection should be directed to the Recreation and Fitness Coordinator.

In an emergency, the camp staff will administer first aid and contact parents or the emergency contact. In the event that contact cannot be made, the child will be transported to the hospital.

Parent/Guardian Signature

Date



Municipality of Clarington
Community Services

Plan of Care – Seizure Disorders

Child's Name: _____ Camper Age: _____

NOTE: Many children with seizure disorders have different types of seizures. Please describe ALL types of seizures that children may have. (Additional form can be attached as needed).

Seizure Type:	
Seizure Description:	Seizure Prevention (risks to mitigate, triggers to avoid, etc.)
Actions to take during seizure:	
Frequency of seizure activity:	
Typical seizure duration:	

Emergency Procedures:

Is 9-1-1 to be called when the child has a seizure? Yes No

If no, when is 9-1-1 to be called?

I/We hereby request that the Municipality of Clarington, its employees or agents, as outlined, administer the above procedure to my/our child. The Municipality of Clarington employees are expected to support the participant's daily or routine management, and respond to medical incidents and medical emergencies that occur during recreation programs, as outlined in the Municipal policies. Parent(s)/guardian(s) and participants acknowledge that the employees of the Municipality of Clarington, who will administer the related procedures, are not medically trained. At all times, it remains the responsibility of the parent(s)/guardian(s) to ensure the clear instructions and current physician's orders are provided to the Camp Supervisor/Recreation Programmer/Recreation and Fitness Coordinator.

Parent/Guardian Signature

Date