

WSRA Seizure Information Form

If a participant has a seizure disorder, this form must be completed and signed before the participant is allowed to register for any WSRA programs. Complete each category and list any other information necessary for WSRA to provide safe and enjoyable activities for the participant. Please update this form whenever there is a change in the information and submit to WSRA with the registration form. You will be asked to review and update this form on an annual basis.

CONTACT INFORMATION

Participant Name: _____
Parent/Guardian: _____
Email: _____
Emergency contact Phone number: _____

Date of Birth: _____
Phone Number: _____
Emergency contact: _____

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description
Absence (staring spell)			
Simple Partial			
Complex Partial			
Atonic (drop)			
Tonic-clonic			
Other (explain)			

When was the participant diagnosed with seizures or epilepsy? _____

What might trigger a seizure in the participant (i.e. smells, heat)? _____

List any symptoms prior to the onset of the seizure (i.e. behavior change)

Date of last seizure: _____

Are seizures controlled by medication? ___ Yes ___ No

List any changes in recent seizure patterns: _____

How does the participant act during and after a seizure? _____

SEIZURE RECOVERY: FIRST AID, CARE AND COMFORT

Should a 911 call be placed during seizure? ___ Yes ___ No

Does the participant need to leave the program after a seizure? ___ Yes ___ No

List recovery and basic first aid procedures to be taken by staff: _____

Additional Information that may be helpful to WSRA: _____

Parent/Guardian Signature: _____ Date: _____

Note: WSRA staff cannot administer Diastat medication. Please contact the office at (847)244-6619 with questions.