18.2

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| SRSNLC Seizure Questionnaire | | | | | | | | | | | | | | | | | |
| Please complete this form if the participant has ever experienced a seizure. **Please update this form whenever there is a change in the seizure plan and submit with your registration.** You will be asked to review this once a year and provide any necessary updates. | | | | | | | | | | | | | | | | | |
|
|  | | | | | | | | | | | | | | | | | |
| Participant’s Name: | | | |  | | | | | | | | | | | | | |
| Parent/Guardian: | | | |  | | | | | | | |  | Phone |  | | | |
| Emergency Contact: | | | |  | | | | | | | |  | Phone: |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **Please note: SRSNLC will not administer rectal diastat.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Seizure Type: | | | | | | | | | | | | | | | | | |
|  | | Absence (staring spell) | | | | | |  |  | Atonic (drop) | | | | |  | | |
|  | | Simple Partial | | | | | |  |  | Generalized (grand-mal) | | | | |  | | |
|  | | Complex Partial | | | | | |  |  | Other (Explain): | | | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| When was the date of your/your child’s last seizure? | | | | | | | | | | |  | | | | | | |
| How long does the seizure last? | | | | | | | | | | |  | | | | | | |
| How long was the longest seizure? | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Are there any triggers that cause the onset of your/your child’s seizures? (I.E. strobe lights, heat, sudden movements, noise) | | | | | | | | | | | | | | | | | |
| Explain: | | |  | | | | | | | | | | | | | | |
| Are there any symptoms prior to the onset of your/ your child’s seizure? (I.E. smells, stomach pain, fear, sounds) | | | | | | | | | | | | | | | | | |
| Explain: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Seizure Plan** | | | | | | | | | | | | | | | | | |
| Please list below the necessary steps you would like SRSNLC to take in the event of a seizure: | | | | | | | | | | | | | | | | | |
| 1. | Call 911 for a seizure over | | | |  | | minutes. | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Signature:** | | | | | |  | | | | | | | | | | **Date:** |  |
|  | | | | | | | | | | | | | | | | | |
| It is important that we follow a consistent procedure for responses to seizures, therefore if your child has a seizure plan in place for school/ workshop/ prescribed by a doctor, a copy of that should be submitted in addition to this form. | | | | | | | | | | | | | | | | | |