

SEIZURES
FORM C (1 of 3)
rev. 08/2022

Dear Parent,

Thank you for registering _____ for program(s) at the South West Special Recreation Association (“SWSRA”). Review of your registration information indicates that your child is administered Diastat (Administered rectally), Versed (Administered as a nasal spray), AND/OR Clonazepam (Administered as a pill) in the event of a seizure. Please understand that the personal service of administering any of these medication(s) during a seizure is a personal service outside the scope of “reasonable accommodation” under Title II of the ADA. Regretfully, SWSRA does not provide this personal service.

Under these circumstances, and in the event your child has what appears to be a seizure, SWSRA will ordinarily contact 911, and thereafter we would try to reach a parent or other designated emergency contact. Although we can have the medication available for responding paramedics and/or parents, there would be an unavoidable delay in administration. Additionally, we cannot guarantee that responding paramedics will administer this medication. Therefore, this may not be a feasible option.

We also wish to emphasize that our staff is not medically trained in diagnosing and/or assessing emergency medical conditions. Therefore, even with sound judgment and discretion, staff may not perceive and/or react to a medical emergency to the same degree or in the same manner as medically trained professionals or parents experienced in handling family medical emergencies.

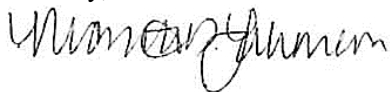
One alternative we would consider is for your family to provide a companion who is trained and experienced in administering this medication. However, this would be at your expense and we do not know if this is a feasible option for your family.

Presuming your child participates in the upcoming program with the understanding that SWSRA will not be administering Diastat, Versed AND/OR Clonazepam in the event of a seizure, kindly provide the following information which will assist staff in assessing and addressing your child’s special needs:

- a. Provide written documentation from treating doctor acknowledging that s/he has read this document, understands that staff will not be administering any of the above mentioned medications in response to a perceived seizure, and believes that it is safe (within a reasonable degree of medical certainty) for staff to wait a specified period of time from the perceived onset of a seizure (but in no case more than three minutes) before calling 911.
- b. A description of the signs, symptoms, and nature of your child’s seizure activity;
- c. the frequency and duration of the seizures;
- d. when your child last had a seizure; and
- e. Any other important or pertinent information you believe should be shared with SWSRA.

The safety of the participants and staff members of the South West Special Recreation Association is our first concern. Please call Nicolette Lahman at 708-389-9423 ext. 204 with any questions. Thank you for your assistance.

Sincerely,



Nicolette D. Lahman
Executive Director

Received & acknowledged: _____

Date: _____

FORM C (2&3 of 3)
rev. 08/2022

Seizure Information Sheet

Please complete all questions. This information is essential for SWSRA in determining the participant's special needs and providing a positive and supportive recreational environment. If you have any questions about how to complete this form, please contact the SWSRA office.

CONTACT INFORMATION:

Participant's Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Tel. (H): _____ (W): _____ (C): _____
 Other Emergency Contact: _____ Tel. (H): _____ (W): _____ (C): _____
 Participant's Primary Care Dr.: _____ Tel: _____

SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

3. What might trigger a seizure in the participant? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain: _____

5. When was the participant's last seizure? _____

6. Has there been any recent change in the participant's seizure patterns? YES NO

If YES, please explain: _____

7. How does the participant react after a seizure is over? _____

8. How do other illnesses affect the participant's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when the participant has a seizure? _____

SEIZURE EMERGENCIES

10. Please describe what constitutes an emergency for the participant? _____

11. Has the participant ever been hospitalized for continuous seizures?
 YES NO
 If YES, please explain: _____

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 3 minutes
- ✓ Repeated seizures without regaining consciousness
- ✓ A first time seizure
- ✓ Participant is injured or diabetic
- ✓ Participant has breathing difficulties
- ✓ Participant has a seizure in water

SEIZURE MEDICATION AND TREATMENT INFORMATION

12. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

13. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

IMPORTANT:

SWSRA does NOT administer rectal valium, nasal spray, or oral "rescue" anti-seizure medication

14. Does your child have a Vagal Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use:

GENERAL COMMUNICATION ISSUES

15. What is the best way for us to communicate with you about the participant's seizure(s)?

16. Is there any other information that SWSRA should know?

Parent/Guardian Signature: _____ Date: _____