



Parks & Recreation

Therapeutic Recreation Program - SEIZURE INFORMATION FORM

If a participant has a seizure disorder, this form must be completed and signed before the participant is allowed to participate in any programs. Complete each category and list any other information necessary for staff to provide safe and enjoyable activities for the participant. This form must be reviewed and updated on an annual basis. Please update this form whenever there is a change in the information. **Submit form to: Jeff Jones, Therapeutic Recreation Supervisor in person at Central Park Recreation Center or by email to jjones@forsythco.com.**

CONTACT INFORMATION

Date Form Completed _____

Participant's Name _____ Date of Birth _____

Home Phone _____ Email _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Primary Care Doctor _____ Phone _____

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? _____

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

When was the participant's last seizure? _____

**Participants who have had a seizure in the past 5 years will be assigned a 1:1 staff in aquatic programs.*

Are seizures controlled by medication? ☐ Yes ☐ No

List any changes in recent seizure patterns: _____

How does the participant act after a seizure? _____

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

SEIZURE RECOVERY: FIRST AID, CARE AND COMFORT

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: _____

SEIZURE EMERGENCIES

Describe what constitutes an emergency for this participant: _____

Has the participant ever been hospitalized for continuous seizures? ☐ Yes ☐ No

If yes, please explain: _____

Forsyth County staff considers a seizure an emergency and will call 911 when:

- Staff is unaware of a seizure disorder
- Staff is uncomfortable with the situation
- A seizure is different than prior seizures
- A seizure lasts longer than 3 minutes
- Another seizure begins within 1 hour after the first
- The participant does not regain consciousness after seizure
- The participant stops breathing for longer than 30 seconds
- The participant complains of a sudden severe headache
- The participant sustains injuries just before or during a seizure
- The participant is pregnant or diabetic
- A seizure occurs in the water
- Medication is required at the time of a seizure (i.e. rectal diastat/diazepam/valium)

SEIZURE MEDICATION AND TREATMENT INFORMATION**Please list current medications for seizures:**

Any participant requiring medication during programs must complete an **Authorization to Administer Medication Form prior to participating in a program.*

Medication Name	Dosage	Time	Purpose

What emergency/rescue seizure medication(s) are prescribed for the participant?

**Forsyth County staff does not perform invasive procedures such as the administration of rectal diastat/diazepam/valium.*

Medication Name	Dosage	Administration Instructions	What to do after administration

Does your child have a Vagal Nerve Stimulator? ☐ Yes ☐ No

If yes, please describe magnet use: _____

Additional Information: _____

Parent/Guardian Signature _____

Date _____

Participant Signature _____

Date _____

For Office Use Only

Date Information Filed: _____ Updated: _____

Participant requires a 1:1 in aquatic programs: ☐ Yes ☐ No