



**True Friends**  
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**Office Use Only**  
 Session \_\_\_\_\_  
 Cabin \_\_\_\_\_  
 Cabin Copy \_\_\_\_\_  
 Nurse Copy \_\_\_\_\_

## Seizure Action Plan & Participant Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_  
 When was your epilepsy diagnosed? \_\_\_\_\_  
 How often do you have seizures? \_\_\_\_\_  
 Does illness or stress affect your seizure control? \_\_\_\_\_

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_  
 \_\_\_\_\_  
 Post seizure behavior: \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 Does person need to leave the room/area after a seizure?  Yes  No  
 If yes, describe process for returning: \_\_\_\_\_  
 \_\_\_\_\_

### Emergency Response

A "seizure emergency" for this person is defined as: \_\_\_\_\_  
 \_\_\_\_\_  
 Seizure Emergency Protocol: (Check all that apply and clarify below)  
 Call 911 for transport to: \_\_\_\_\_  
 Notify parent or emergency contact  Notify doctor  
 Administer emergency medications as indicated below  
 Other: \_\_\_\_\_

### Treatment Protocol (Include daily and emergency medications):

Emergency Medication	Medication	Dosage & Time of Day Given	Route of Administration	Common Side Effects

Does person have a Vagus Nerve Stimulator (VNS)?  Yes  No

Special considerations & Safety Precautions (Regarding activities, sports, travel, etc.):

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

### Basic Seizure First Aid:

- Stay calm and track time
  - Keep person safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with person until fully conscious
  - Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- Protect head
  - Keep airway open/watch breathing, color
  - Turn individual on their side

### A seizure is considered an emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes.
- There are repeated seizures without regaining consciousness
- It's a first-time seizure
- The person is injured or has diabetes
- The person has breathing difficulties
- The seizure occurs in water