



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: _____
 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 If yes, explain protocols: _____

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