Office use only:
Date Reviewed: ____________
Initial: ___________________

SRSNLC
ZION SEIZURE QUESTIONNAIRE

Please complete this form if the participant experiences seizures. **Please update this form whenever there is a change in the seizure information/plan and promptly submit it to SRSNLC.** SRSNLC requests that you review this form once a year and provide any necessary updates.

Participant's Name: ____

Completed by: _____________________________ **Relationship:** ____________ **Phone:** (   ) _________

Medication(s):
Participant medication needs are to be noted on their *Annual Information Form* which is available in this SRSNLC brochure. If the participant's medication needs have changed since submission of their *Annual Information Form*, please submit a new form as soon as possible.
A *Medication Permission* form must be submitted if you are requesting SRSNLC staff to assist with the dispensing of scheduled oral or topical maintenance medication. To obtain a copy of the *Annual Information Form* or *Medication Permission* form, please contact your local SRSNLC office or download a copy of the forms from your local SRSNLC website.

Please note: SRSNLC staff will not administer rectal Diastat or perform any other invasive medical procedures.

1. Please describe a typical seizure: ____

   ____

   ____

2. Are there any symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds, etc.)

   ____

3. What was the date of the participant's last seizure? ___/___/___
4. How long does the typical seizure last? ___________________

Type of Seizure(s) (Please check all that apply):

___ Absence (staring spell) ___ Atonic (Drop) ___ Simple Partial
___ Complex Partial ___ Generalized (Gran Mal)
___ Other (explain):____

Seizure Response Plan

In the event of a perceived seizure, SRSNLC staff will follow basic first aid procedures for the care of seizures. Please list any additional actions you would like SRSNLC staff to take in the event of a seizure:

1. Call 911 for a seizure lasting more than ______ minutes. (Please Note: Depending on circumstances, SRSNLC staff may disregard this request and instead call 911 immediately)

2. ____

3. ____

Parent/Guardian Signature: ____ **Date:** _______________

Please return this completed form along with your Registration Form to the SRSNLC office. Rev. 1/31/17