

SEIZURE TRIGGERS

OTHER SEIZURE TREATMENTS

Surgery *Ketogenic Diet* *Vaga Nerve Stimulator (VNS)*

Please list below any specific instructions/relevant information

OTHER CURRENT MEDICATION

If medication is required in a case of emergency a supply must be provided and kept on the premises.

Name of Medication	Method of Administration	Dose Regime (eg.8am—200mg)

EPILEPSY FIRST AID PLAN

Please describe below the Seizure First Aid Procedure specific to your child:

When would you like Kids Club staff to call an Ambulance if your child experiences a seizure?

What is required for your child during the post-seizure monitoring?

- Please notify me if my child has had a seizure and received First Aid.
- In the event of an seizure, I agree to my son/daughter receiving the treatment described above.
- I will notify you if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Name:.....

Parent's/Guardian's Signature: Date:/...../.....