epilepsy southwestern ontario

Phone: 519.433.4073
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797 York St., Unit 3
London ON, N5W 6A8

www.epilepsyswo.ca
Charitable registration number:
11890 0802 RR0001

Seizure Information

Name: _____ Birth Date: _____

Diagnoses: _____

Medications: _____

Allergies: _____

Address: _____ Phone: _____

First Emergency Contact: _____ Relation: _____

Phone Number(s): _____

Second Emergency Contact: _____ Relation: _____

Phone Number(s): _____

A) Seizure information

Seizure Type	Description	When it's a medical emergency

Triggers

_____

_____

B) Seizure First Aid

1. Stay Calm: Most often, a seizure will run its course and end naturally within a few minutes.
2. Time It: If the seizure lasts more than 5 minutes or repeats without full recovery between seizures, call 911. Call 911 if the person is pregnant, has diabetes, is injured from the seizure or if the seizure occurs in water.
3. Protect from Injury: Move sharp objects out of the way. If the person falls to the ground, roll them onto their side and place something soft under their head. If the person wanders about, stay by their side and gently steer them away from danger. When the seizure ends, provide reassurance and stay with the person if they are confused. If the person is still confused 1 hour afterwards, call 911.

Other care needed:

_____

_____

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My Seizure Plan

Name: _____ Birth Date: _____

Diagnosis: _____

Medications: _____

Allergies: _____

C) Rescue Medication

My child requires rescue medication: ☐ Yes ☐ No

If no, please skip to section D.

Type of Medication	Dosage	Method	Who to Administer

This plan is validated by treating physician

_____ _____

Signature Date

D) Health Care Contacts

Epilepsy Specialist: _____ Phone: _____

Preferred Hospital: _____ Physician: _____

E) Special instructions:

_____

_____

_____

Parent signature _____ Date _____

Community Agency Educator Signature _____ Date _____