FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SEIZURE CARE PLAN
YMCA OF GREATER HARTFORD

Child's Name:_____ Date of Birth: _____

Does the child have any particular symptoms before seizures? (Check all that apply):

___Complaints of head-ache ___Staring into space

___Complaints of fatigue ___Other _____

What type of seizures does your child have? (Check all that apply):

___Partial (Petite Mal) ___Generalized (Grand Mal) ___Unclassified ___Febrile

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

_____

_____

_____

Please describe in DETAIL the seizure: _____

_____

_____

When did the last seizure occur and how long did it last? (Please be specific) _____

_____

_____

What medications is the child on for their seizures: Please be specific about the drug name, dosage and time given._____

_____

_____

Unless directed otherwise by you and your health care provider, if your child has a seizure during child care hours, the staff will:

1. Stay calm, dial 911.
2. If sitting, put the child on a firm surface, roll them to their side and place a towel under the child's head
3. Remove objects that might injure the child and provide a safe environment, as he or she may move involuntarily.
4. Do not restrain, slap, or douse the child with water.
5. Do not place anything in the child's mouth.
6. One staff person will remain with the child at all times and talk to them in a calm reassuring voice.
7. Accompany the child to the hospital or care facility if the parent has not arrived. Bring the child's registration form and medical forms.

Child's Name:_____Date of Birth:_____

Parent's name:_____Parent's signature:_____

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STAFF SIGNATURES

I have read and understand the attached Care Plan for: _____
(Child's Full Name)

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

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Staff Name: _____ Staff Signature: _____ Date: _____

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Child's doctor and YMCA program should keep a current copy of this form in child's record.