Camper Name: _____ DOB: _____ Age_____ Gender: M, F
Session: _____ Cabin: _____

SCR Camper Seizure Questionnaire

Approximate date of diagnosis with seizures/epilepsy? _____

What type of seizure has the camper experienced? Please circle:

Tonic-Clonic: Grand Mal Absence: Petit Mal Complex: Psychomotor/Temporal Lobe

Simple: Jacksonian/Focal Motor Febrile: High Fever Other: _____

When was the camper's last seizure? _____ How long did it last? _____

How often does the camper typically experience seizures? _____

What is the longest length of time the camper's seizures have lasted? _____

What symptoms typically precede the camper's seizures? _____

_____

Does the camper recognize these early warning signs? Y/N explain: _____

Please circle symptoms camper has with seizures: Loss of consciousness, Falls, Muscle stiffness, Rhythmic convulsions, Purposeless activity, Aimless wandering, Blank stare, Fluttering eyelids, Twitching/jerking movements, Repetitive acts, Confusion, Loss of awareness, Unresponsive, Loss of control (bladder, bowel, drooling, etc.)

Other: _____

How does the camper react after seizures? _____

Does the camper have any special needs after the seizure? _____

Does camper receive emergency medications with seizures? Y/N

What medication and when given? _____

Please list medications taken on a regular basis: Name _____

Dosage _____ Times taken: _____ Reactions: _____

If a dose of routine medication is missed what procedure should be taken? _____

_____

Please list additional information that would be helpful for preventing or treating your child's seizures:

_____

Parent/Guardian Signature: _____ Date:_____

Parent Phone: _____ (in case the pages become separated)

SCR Camper Seizure Policy

Camper Name: _____ **DOB:** _____ **Age**_____ **Gender: M, F**

Session: _____ **Group Name:** _____

Parent/Guardian Name: _____**Phone #**_____

Camper's Primary Dr.: _____**Phone #** _____

2nd Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

On Site Leader _____ **Phone #** _____ **Cabin:** _____

Note: Any potential camper with history of seizure activity should supply a Medical Doctor's statement listing the following: limitations, environmental triggers and procedures to use in event of a seizure while at Stoney Creek Ranch.

Each person with a seizure history is responsible for bringing adequate supplies of all medication to be used for preventing or treating their seizure activity.

In the interest of safety, any person who has experienced any seizure activity in the past 6 months is ineligible to attend camp. Exposure to hot weather, dehydration, increased physical activity, loud music and cheers, loud sounds, strobe lights, and other factors may precipitate seizures and are risk factors at camp for a person with a seizure history.

Seizure information with medical history must be received by Stoney Creek Ranch at least 3 weeks prior to arrival of the registrant; this is not negotiable and there will be no exceptions or deviations from this rule. Attendees who arrive to camp with an undisclosed seizure history will be sent home at the group's expense. If there are concerns regarding information received, you will be contacted prior to the start of your camp session.

Parent Initials _____