
The Arc of Essex County's Camp Hope Program

Seizure Information Form

(TO BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN – REQUIRED FOR ATTENDANCE)

Name of Camper: _____

In an effort to provide the camper with the proper supports while they attend Camp Hope, please fill out the following information completely. This information will enable the staff to understand what a TYPICAL seizure looks like for the camper.

IF YOUR CAMPER DOES NOT HAVE A SEIZURE DISORDER SIGN HERE:

_____ does not have a seizure disorder as of this date.
(name of camper)

Signature of Parent/Guardian

Date

If your camper has a seizure disorder, please complete and sign below.

History:

Events or behaviors just before a seizure begins: _____

Time of day seizure typically occurs: _____

Triggers: _____

Seizure classification: _____

When was the last seizure? _____

Description:

Lost consciousness _____

Falling _____

Noises _____

Irregular Breathing _____

(Over, please)

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Movements:

Head and Face: Nodding _____ Jerking _____ Twitching _____

Mouth: Sucking _____ Chewing _____ Lip Smacking _____ Grimacing _____

Eyes: Staring _____ Blinking _____ Rhythmic Movement _____

Other Symptoms:

Drooling _____ Tongue Biting _____ Dilated Pupils _____ Urination/ Soiling _____ Frothing _____

Sweating _____ Flushed _____ Vomiting _____ Pale _____ Goose pimples _____

Typical seizure lasts _____ minutes.

Does he/she usually have more than one seizure at a time? Yes _____ No _____

If yes, how many in a row? _____

Post Seizure Behavior:

Normal _____ Restless _____ Sleepy _____ Confused _____ Deep sleep _____ Irritable _____

Other: _____

On the lines located below, please include any other information that may not have been included on the above checklist or to elaborate on any area:

This seizure history is complete and correct as far as I know.

Signature of Parent/Guardian

Date