



# 2023 SEIZURE QUESTIONNAIRE

Please complete this form if the participant experiences seizures. You will be asked to review this once a year and provide any necessary updates. **For the safety of the participant you are requested to update this form whenever there is a change in the seizure information or plan and promptly submit it to WDSRA.** Mail or scan and email to: [registration@wdsra.com](mailto:registration@wdsra.com)

Participant's Name: \_\_\_\_\_

Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Seizure Type (Please check):

- Absence (Staring Spell)       Complex Partial       Simple Partial
- Atonic (Drop)       Generalized (Grand Mal)       Other (Explain): \_\_\_\_\_

1. What was the date of the participant's last seizure? \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. How frequently do seizures occur?  Controlled  Daily  Monthly  1 Per 3-6 Mo  1 Per 6-12 Mo  Annually
3. How long does the typical seizure last? \_\_\_\_\_
4. Are there any symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Please describe a typical seizure: \_\_\_\_\_  
\_\_\_\_\_
6. Describe Seizure Recovery. How does participant react after a seizure? \_\_\_\_\_  
\_\_\_\_\_

### Seizure Plan

In the event of a seizure, WDSRA staff will follow basic first aid procedures. Staff are trained to call EMS for seizures lasting more than three (3) minutes. **Please note:** any additional steps listed below must be approved by the WDSRA Safety Team.

**Additionally, WDSRA staff will not administer seizure rescue medication such as; Diazepam, Valium, Versed, rectal Diastat, Nayzilam or other similar medications.**

1.  Call 911 for a seizure lasting more than \_\_\_\_\_ minutes. (**Please note:** depending on circumstances, WDSRA staff may disregard this request and instead call 911 immediately).
2. \_\_\_\_\_
3. \_\_\_\_\_

**Vagus Nerve Stimulations Device (VNS) Check box:** If checked, parent / guardian MUST train staff on use of device.

### Medication(s):

Participant medication needs are to be noted on their *Annual Information Form*. If the participant's medication needs have changed since submission of their *Annual Information Form*, please submit a new update as soon as possible.

**A Medication Permission Waiver Form must be submitted if you are requesting WDSRA staff to assist with the dispensing of scheduled oral or topical maintenance medication.** To obtain a copy of the *Annual Information Form* or *Medication Permission Waiver Form*, please contact the WDSRA office or download a copy of the form(s) from the WDSRA website at [www.wdsra.com](http://www.wdsra.com) and click on the "Schedules and Forms" tab.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_