



Buckingham Browne & Nichols School Health Services

Camp Seizure Emergency Care Plan

Camper Name _____ Birth Date _____ Grade _____
Parent/Guardian Name _____ Cell Phone: _____
Parent/Guardian Name _____ Cell Phone: _____
Treating Physician _____ Phone: _____
Significant Medical History: _____

Seizure Information

Seizure Type: _____
Length: _____ Frequency: _____
Description: _____
Seizure triggers or warning signs: _____
Camper's Response after a seizure: _____

Basic First Aid: Care & Comfort

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure last longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first time seizure
- Student has breathing difficulties
- Student has a seizure in water

Emergency Response

A "seizure emergency" for this camper is defined as: _____

Seizure Emergency Protocol (check all that apply)

- Contact camp nurse
- Call 911 for transport to closest hospital
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

Treatment Protocol During Camp hours (include daily and emergency medications)

Emergency Medication: _____
Dosage & Time of Day given: _____
Common Side effects & Special Instructions: _____

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Dosage & Time of Day given: _____
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Special Considerations and Precautions (regarding camp activities, sports, trips, swimming, climbing, etc.)

Describe any special considerations and precautions: _____

Physician Signature _____ Date _____
Parent/Guardian Signature _____ Date _____