



Child's Legal Name: _____

Session Code (2 letters + 2 numbers): _____

Request for Additional Information about Your Child's Seizures

We want your child to receive appropriate support while attending our program. Since our Health Center staff are not specialists in seizure disorder management, they will rely on the information you provide. Please complete this form in consultation with your physician and return it at least three weeks before your child arrives. Attach additional information as needed. Should you have questions, call our Health Services office at 218-586-8771.

Things to consider about the Language Villages program that may impact your child's care plan:

- The program takes place outdoors where sun reflects off the lake's surface and leaves flutter in the wind. If elements of Mother Nature like these trigger your child's seizure activity, please talk with us.
- It is our program's protocol that villagers with seizure disorders sleep in bottom bunks.
- If is also our protocol that, should your child choose to swim, a staff "spotter" will be assigned to tactfully keep an eye on your child. Tell us if you prefer that you child wears a life jacket while swimming.
- Medications are typically given at mealtimes and at bedtime. That being said, village schedules may change for a variety of reasons. If your child's medication must be given at a specific time, let us know.
- Each Language Village has access to a medical clinic and a hospital. Driving time to these facilities is at least 30 minutes and, especially for hospitals, may be longer.
- Not all villages have an RN in residence. At minimum, a person trained in first aid and CPR is available.
- Staff are told about campers with seizure disorders on a need to know basis and briefed about their response should a seizure event occur.

About Triggers

1. What triggers your child's seizures?

Lack of sleep

Other factors that precipitate seizure activity:

Elevated body temperature

Stress

Provide details about the triggers, including things which counselors should be told:

About Seizure Activity

2. How often does your child have seizures? _____

3. How long do the seizures last? _____

4. When was your child's last seizure? _____

5. Does your child have loss of bowel or bladder function during a seizure? No Yes

6. Describe what the seizure activity looks like to someone observing the child during a seizure:

7. Does your child have any warning prior to a seizure? No Yes ; the warning signs are:

8. What do you want counselors to know about the warning or seizure activity of your child? Consider things before, during and/or after the seizure.

9. Tell us what activities should be modified for your child and describe that modification:

10. Tell us what is most helpful to your child after a seizure episode:

11. Assume a seizure episode occurs; what information would you like to know about it? At what point should your child be taken to a physician?

About Medications

Medications are overseen by our Health Center staff. Routine meds are brought to the dining room so you villager does not have to interrupt his/her activity. While we would like to use mealtime as much as possible, we can arrange a different time if needed. (i.e., bedtime)

List the routine medications used by your child to manage his/her seizure disorder.

Medication	Dose	When	Reason for using this medication

What medication is given to break a seizure?

Medication	Dose	When Administered

Other Information

When we have questions, who should we contact?

Name _____

Phone _____

Name _____

Phone _____

What else would you like us to know about your camper’s seizure management plan?

Today’s Date _____
Relationship To Villager: _____

Signature of Person Providing this Information: _____

Return completed form to
CLV Health Services – 8630 Thorsonveien NE – Bemidji, MN 56601