



EPILEPSY – ACTION PLAN

ADDITIONAL MEDICAL INFORMATION

(This form is to accompany the client at all times while off site)



If you / your child (ie: the client) has epilepsy, please complete this form in consultation with your doctor, **have your doctor sign it** and return to Guide Dogs Victoria before the commencement of the program.

PLEASE WRITE LEGIBLY

Name of Client: _____ **Date of Onset:** _____ / _____ / _____

Type of Epilepsy: _____

Normal maintenance medication program:

Medication	Dosage	When

Please describe type/s of seizures experienced / pattern of symptom development.

Are seizures likely to occur during the program? Yes / No

If Yes, how frequently? _____

How long do they typically last? _____

Are there any factors or situations which may “trigger” seizures? Yes / No

If Yes, please give details (including additional supervision required): _____

If a seizure occurs while attending the program, what should Guide Dogs Victoria staff do?
Please describe procedures in detail.

Under what circumstances do you want staff to contact the emergency contact person?

Action plan to be used during a crisis situation: If the client has a seizure lasting longer than 4 minutes, Guide Dogs Victoria staff will follow standard First Aid guidelines and will call an ambulance.

Does an ambulance need to be called for seizures lasting “less than 4 minutes”? Yes / No
If yes, after what time? and/or under what circumstances ?

Additional Comments

Emergency contact person's name: _____ Phone Number: _____

Doctor's Name: _____ Doctor's Signature: _____

Doctor's Tel. No.: _____ Date: ____ / ____ / ____

Client or Parent / guardian's name: _____

Client or Parent / guardian's signature: _____ Date: ____ / ____ / ____