

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**COLOURED PHOTO**

Description of Seizure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identified Risks & Seizure Triggers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Management: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_

Has an Emergency Epilepsy Medication been prescribed? Y / N

*(Must complete and attach separate Medication Authorisation Form)*

Family/ emergency contact name(s):

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Medical Management & Action Plan EPILEPSY

## EPILEPSY EMERGENCY ACTION PLAN

What to do if a seizure occurs:

**DO:**

- Be **CALM** and **REASSURING**
- Check safety of child (protect the head and remove any hard objects)
- Note the time the seizure starts and finishes
- Check breathing
- Reassure the child until fully recovered



**DO NOT:**

- Restrain the child
- Put anything in their mouth
- Move the child unless in danger
- Apply CPR



**If there is STILL NO improvement OR if in doubt, call an  
AMBULANCE (000)**

**Then call PARENT/CARER or CHILD'S DOCTOR while  
WAITING for the AMBULANCE.**

**Contact Camp Australia Regional Manager or Customer  
Service to inform of the emergency.**



**CALL AN AMBULANCE**

- If the seizure continues for more than five minutes
- If the seizure stops but the child does not regain consciousness within five minutes, or if another seizure begins
- When a serious injury has occurred
- If the seizure occurs in water