



Seizure Policy

Known Triggers for Seizures:

Date of Plan: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name:

Therapist/Staff Name:

Telephone:

Home _____

Cellular

Other _____

Physician Name: _____

Telephone: _____

Emergency Contact:





Add Therapy Center



Emergency Contact Telephone:

Home _____

Cell _____

Other _____

Brief description of child's seizures:

If Child Displays the following Symptoms:

Take the following actions:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Add Therapy Center staff will do its part to be continually aware of child's seizure history, avoid known seizure triggers, and monitor at all times for signs and symptoms. As it is not our policy to administer medications, a parent or caregiver must remain present either in the therapy room or the waiting area during the entire therapy session in case such an event may occur. In the event of a seizure Add Therapy Center staff will work with the family to safely position the child until he or she is stabilized or emergency medical service arrives. The therapy session will end if a seizure occurs. By signing below you understand





Add Therapy Center



that Add Therapy Center will not be held liable for any seizure that a child may have in our clinic environment.

Signature: _____

Relationship to Patient: _____ Date: _____

Clinician Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

