



Kids Conference Day Camp Application

Part A: Camper Registration Information

Full Name (First, Middle Initial, Last)

Parent/ Guardian Name (this individual MUST be registered to attend the Wellness & Epilepsy Conference)

Street Address

Home Phone

Cell Phone

City, State, Zip Code

Email

Part B: About the Camper

Male Female

Age

Date of Birth (MM/DD/YY)

The camper is a...

Person with Epilepsy*

Sibling of a Person with Epilepsy

Child of a Person with Epilepsy

Other (please describe):

* Please also complete the *Seizure Action Plan* Form and submit with this application. Thank you!

Part C: Liability Waiver & Photo Release

I, _____ (Parent/Guardian Name) hereby waive all claims against the Epilepsy Foundation of Michigan, the national Epilepsy Foundation, event sponsors and Foundation personnel for any injury my dependent might incur at this event. (required)

I grant full permission for organizers to use any photos, recordings, or videotapes taken of my child at the event for future marketing and publicity materials.

Parent/Guardian Signature

Part D: Next Steps

- 1.) Be sure that the named Parent/Guardian has registered for the Wellness & Epilepsy Conference
- 2.) Be sure that the Kids Conference Day Camp Application is completed (partial applications cannot be considered)
- 3.) Complete the Seizure Action Plan, if applicable (p. 2)
- 4.) Return completed application to the Epilepsy Foundation of Michigan
- 5.) Pay fee of \$10.00 per child. The Foundation will be in contact to collect payment when a completed application is received

Mail:

Epilepsy Foundation of Michigan
25200 Telegraph Rd, Suite 110
Southfield, MI 48033

Fax:

(248) 351-2101
Attn: Pam Bird

Email:

pbird@epilepsymichigan.org

SPACE IS LIMITED. Submit your application as soon as possible. We can only reserve a space for your child if a completed application has been received. Verbal and email requests will NOT reserve a space for your child.

Questions? Call Pam Bird at (800) 377-6226, ext. 1204

Seizure Action Plan

This form needs to be completed for a young person who plans to attend the Kids Conference Day Camp and is currently being treated for epilepsy/seizure disorder. The information below will assist us if a seizure occurs. Thank you!

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone/Cell: _____

Treating Physician: _____ Phone: _____

Significant Medical History: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Child's reaction to seizure: _____

Basic First Aid: Care & Comfort

Please describe your preferred first aid procedures (if different from box on right):

Does the child need to rest after a seizure? Yes No

If yes, please describe process for returning child to activities:

Emergency Response

A "seizure emergency" for this child is described as:

Basic Seizure First Aid:

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in the mouth
- Stay with child until fully conscious
- Record seizure in log
- Protect head and turn on side (for tonic-clonic or grand mal)

Seizure Emergency Protocol: (Please check all that apply and clarify)

- Call 911 when _____
 - o Please transport to _____
- Notify Parent/Guardian
- Notify Doctor
- Administer emergency medications as indicated below
- Other _____

A seizure in generally considered an Emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Child has repeated seizures without regaining consciousness
- Child is injured or has diabetes
- Child has difficulty breathing

Treatment Protocol (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication _____

Does the child have a Vagus Nerve Stimulator (VNS)? Yes No

If Yes, please describe magnet use: _____

Special considerations & additional items you want us to know:

Parent/Guardian Signature: _____

Date _____