



Seizure First Aid Training Request Form

ORGANIZATION INFO

Contact Person and Title:

Organization:

Street Address:

City:

State:

Zip code:

Room Number:

Primary Phone Number:

Secondary Phone Number:

Email:

The Training will take place virtually *PREFERRED*

- Attending as a Group
- Participants Attending Individually

 The Training will take place at the location provided above
 The Training will take place at a different location. Here's the address and other helpful landmarks:

TRAINING TYPE

	Name of Training	Time needed	Format
<input type="checkbox"/>	Seizure Recognition & First Aid Training*	75 minutes	Virtual or In-person
<input type="checkbox"/>	Training on Rescue Medications and Devices	30 minutes	Virtual or In-person
<input type="checkbox"/>	Seizure Training for School Personnel	75 minutes	Virtual or In-Person
<input type="checkbox"/>	Seizure Training for School Nurses: Caring for Students	3 hours	Virtual or In-Person
<input type="checkbox"/>	Seizure Smart Kids	30 – 45 minutes	Virtual or In-Person
<input type="checkbox"/>	Seizure Smart Teens	30 – 45 minutes	Virtual or In-Person

*2-year certification is available if full training completed. The presentation can be shortened, but will not include certification in such cases. Training can be tailored to meet the needs of any audience (e.g. law enforcement, senior-serving organizations, health & human service agencies, etc.)

TRAINING DATE

We will do everything in our power to accommodate your first choice. But in the event that is not possible, we are requesting two alternative dates. We will contact you to discuss before scheduling your training.

	Date	Time
Option 1		
Option 2		
Option 3		

ADDITIONAL INFO

# of Presentations:	
# of Participants per Presentation:	
Audience Type: (please be as detailed as possible)	
Are you able to print handouts?	<input type="checkbox"/> YES <input type="checkbox"/> No
Can you provide the following if the training takes place in-person?	<input type="checkbox"/> Early access to the room for set-up <input type="checkbox"/> Table for Handouts and Training Materials <input type="checkbox"/> TV connected to a laptop with USB port <input type="checkbox"/> Projector with audio connected to laptop with USB port
Additional Notes:	

DONATION

We would greatly appreciate a suggested minimum donation in the amount of \$250. As a donation, our letter of thanks will include information that can be used for tax purposes. Should you wish to make your donation via check, please make it payable to the Epilepsy Foundation of Michigan. Should you wish to make your donation via credit card, please contact Pam Bird at 248-809-4722 or visit online at www.epilepsymichigan.org.

COVID Safety

In an effort to maintain a safe environment for in-person training, our personnel will be wearing a mask and gloves. We will also bring the following items: masks, gloves, hand sanitizer, and disinfecting wipes.

THANK YOU

Thank you for completing this Seizure First Aid Training Request Form. You have taken a very important step in ensuring that the community is a safe place for those within the epilepsy community. A member of our team will be in touch with you once this is received to finalize your training. It is our goal to contact you within 72 hours of receiving this Request Form. Thank you!

Please return this form to:

Pam Bird, Epilepsy Foundation of Michigan
25200 Telegraph Road, Ste. 110, Southfield, MI 48033
pbird@epilepsymichigan.org

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

Notes (for office use only)

www.epilepsymichigan.org - (800) 377-6226

The Epilepsy Foundation of Michigan leads the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.