



**PERSONAL AND BACKGROUND INFORMATION**

<b>NHI</b>								<b>Date of passport update</b> (dd/mm/yyyy)	. . . . .
<b>Full name</b>									
<b>Date of birth</b> (dd/mm/yyyy)							<b>Gender</b>		<b>Age at seizure onset</b>
<b>Emergency contact 1</b> Name, relationship & phone number									
<b>Emergency contact 2</b> Name, relationship & phone number									

**Epilepsy Seizure types**

	<b>Detailed Description of Seizure in Lay Terms</b>	<b>Classification</b>
1	<i>E.g. Funny feeling in tummy rising to head before he becomes unresponsive for several minutes; picks at clothes while unresponsive; postictal tired for several hours.</i>	<i>Focal impaired awareness seizure</i>

**Epilepsy Syndrome**

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**Cause of Epilepsy**

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**Any additional co-morbidities or diagnoses (e.g. ADHD, intellectual disability)**

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**EMERGENCY CARE PLAN** In the event of a seizure, do not leave the child alone

**Does the child have a prescribed rescue medication?** If yes, state the child's rescue medication

**When should the child be given their rescue medication?**

**Can the child be given a second dose of rescue (emergency) medication if the first dose has not stopped the seizure?** If yes, the minimum time after the first does

**What medication should NOT be given?**

**When should 111 be called?**

**Can the child be treated according to the New Zealand Advanced Paediatric Life Support guideline?** If no, why not?



## PROFESSIONAL CONTACTS

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**Paediatrician** who usually manages the child's epilepsy

<b>Full name</b>	
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**Hospital/DHB**

<b>Name</b>	
<b>Clinic phone</b>	

**Paediatric or Neurology Nurse Specialist**

<b>Full name</b>	
<b>Hospital/DHB</b>	
<b>Clinic phone</b>	

**Tertiary Care Epilepsy Specialist** the child's Paediatric Neurologist

<b>Full name</b>	
<b>Hospital/DHB</b>	
<b>Clinic phone</b>	

**General Practitioner (GP)**

<b>Full name</b>	
<b>Hospital/DHB</b>	
<b>Clinic phone</b>	

**Who do I contact (and how) if I am worried about my child's seizures or anti-epileptic medications?**

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