



# 2020 SEIZURE QUESTIONNAIRE

Please complete this form if the athlete experiences seizures. You will be asked to review this once a year and provide any necessary updates. **For the safety of the athlete you are requested to update this form whenever there is a change in the seizure information or plan and promptly submit it to Synergy/WDSRA.**

Mail to WDSRA, Attn: Synergy, 116 N Schmale Rd, Carol Stream IL 60188 or scan and email to: [information@synergyaa.com](mailto:information@synergyaa.com).

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

Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Seizure Type (Please check):

- Absence (Staring Spell)     
  Complex Partial     
  Simple Partial  
 Atonic (Drop)     
  Generalized (Grand Mal)     
  Other (Explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. What was the date of the athlete's last seizure? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. How frequently do seizures occur?  Daily  Weekly  Monthly  1 Per 3-6 Mo  1 Per 6-12 Mo  Annually  Controlled
3. How long does the typical seizure last? \_\_\_\_\_
4. Are there any symptoms prior to the onset of the seizure? (i.e. smells, stomach pain, fear, sounds, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Please describe a typical seizure: \_\_\_\_\_  
 \_\_\_\_\_
6. Describe Seizure Recovery. How does athlete react after a seizure? \_\_\_\_\_  
 \_\_\_\_\_

### Seizure Plan

In the event of a seizure, Synergy/WDSRA staff will follow basic first aid procedures for the care of seizures. Please list any additional steps you would like staff to take in the event of a seizure:

1. Call 911 for a seizure lasting more than  minutes. (Please note: depending on circumstances, Synergy/WDSRA staff may disregard this request and instead call 911 immediately)
2. \_\_\_\_\_
3. \_\_\_\_\_

**Vagus Nerve Stimulations Device (VNS) Check box:** If checked, parent / guardian MUST train staff on use of device.

### Medication(s):

Athlete medication needs are to be noted on their *Annual Information Form*. If the athlete's medication needs have changed since submission of their *Annual Information Form*, please submit a new update as soon as possible.

**A Medication Permission Waiver Form must be submitted if you are requesting WDSRA staff to assist with the dispensing of scheduled oral or topical maintenance medication.** To obtain a copy of the *Annual Information Form* or *Medication Permission Waiver Form*, please contact Synergy AA at [information@synergyaa.com](mailto:information@synergyaa.com) or 630-384-8542. **PLEASE NOTE: WDSRA staff will not administer Diazepam, Valium, Versed, rectal Diastat or oral rescue medicines.**

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form along with your Registration Form to the WDSRA office.