SEIZURE ACTION PLAN – CINCINNATI MUSEUM CENTER CAMPS
Summer, 2026

Camper Name: _____ Age: _____

Parent/ Legan Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

We want your child to receive appropriate support for their seizure while attending CMC camps. All seizure medications will be stored and administered in accordance with CMC policies. We are happy to work with you to try to accommodate your camper's need as much as possible.

Medical Provider's Name and Title: _____

Medical Provider's Place of Employment: _____

Medical Provider's Address: _____

Medical Provider's Telephone: _____

Medical Provider's Signature: _____ Date: _____

Seizure Information

Seizure Type	How Long Seizure Lasts	How Often	What Happens

Seizure triggers or warning signs: _____

_____

Camper's response after a seizure: _____

_____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures for this camper if there are any other actions in addition to those listed in the Basic Seizure First Aid Box.

_____

_____

Does camper need to leave the learning area after a seizure? ❒ Yes ❒ No
If YES, describe process for returning camper to learning area:

_____

Basic Seizure First Aid

- Stay calm & track time
- Keep camper safe
- Do not restrain
- Do not put anything in mouth
- Stay with camper until fully conscious
- Record seizure in log

For Convulsive (tonic-clonic) seizures:

- Protect head
- Keep airway open/watch breathing
- Turn camper on side

Emergency Response

When do we call 911? A "seizure emergency" for this camper is defined as: _____

_____

_____

Seizure Emergency Protocol
(Check all that apply and clarify below)

❒ Call 911 for transport to _____
❒ Notify parent/legal guardian or emergency contact
❒ Administer emergency medications as indicated below
❒ Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Camper has repeated seizures without regaining consciousness
- Camper is injured or has diabetes
- Camper has a first-time seizure
- Camper has breathing difficulties
- Camper has a seizure in water

Treatment Protocol During Camp Hours (include daily and emergency medications)

Medication	Dosage & Time of Day Given/ At how many minutes do we give rescue medication	How to Give

Common Side Effects & Special Instructions: _____

_____

Special Considerations and Precautions (regarding physical activity, diet therapy, etc.)

Describe any special circumstances or precautions: _____

_____

Does camper have a **Vagus Nerve Stimulator**? ❒ Yes ❒ No

Describe any special circumstances or precautions: _____

_____

Parent/Legal Guardian Authorization and Release

I, _____, hereby authorize the CMC camp medical coordinators and/or camp staff members to administer the seizure medication listed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of seizure medication at the facility.

I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the CMC and all of its officers, departments, agencies, agents, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting the above named camper with the use of seizure medication. I have read and understand this Authorization and Release and by my signature I agree to its terms.

Parent/Legal Guardian Signature: _____ Date: _____

Please notify us immediately of any changes on this form by contacting the Museum Camp Manager via phone at (513) 728-0082 or email at camps@cincymuseum.org.