

New Star Recreation Services

600 Oglesby Ave., Calumet City, IL

(708) 207-9141 Phone (708) 841- 1053 Fax

Date: ___/___/___

New Star Recreation Services Seizure Questionnaire

Please complete this form if the participant experiences seizures, or return a copy of your child's seizure plan from his/her school. **Please update this form whenever there is a change in the seizure plan and submit it with your registration.** You will be asked to review this once a year and provide any necessary updates.

Participant's Name: _____
Parent/Guardian: _____ Phone #: _____
Emergency Contact: _____ Phone #: _____
Relationship: _____

Current Medication:

Name:	Dosage:	Time of intake:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Seizure type (please check):

Absence(staring spell)
 Simple Partial Atonic (drop)
 Complex Partial Generalized (Grand Mal)
 Other (please explain): _____

What was the date of the participant's last seizure? ___/___/___

How long did the seizure last? _____

How long was the longest seizure? _____

Are there any symptoms prior to the onset of the seizure? (i.e., smells, stomach pain, fear, sounds, etc.)

Please explain: _____

Seizure Plan

Please list the necessary steps you would like NSRS to take in the event of a seizure:

1. NSRS staff will call 911 after 3 minutes, per agency policy.
2. _____

3. _____

Please return this completed form, or other seizure plan, along with your Registration Form to the NSRS office.

Alternate Pick-Up Form

Camper Name _____

For safety, your child will only be released to the people listed below.

Approved Parent/ Guardian/Adult Name	Relationship to Camper	Morning Phone Number	Afternoon Phone Number

If on any occasion someone other than the individuals specified on the drop-off/pick-up form must pick up your child you must send a written note with your child that must include the following information:

- ~ date of release
- ~ expected time of release
- ~ full name of approved adult
- ~ parent signature
- ~ phone number to be used to contact parent for confirmation as needed

Please contact Nancy as soon as possible if something unexpected comes up that causes you to not follow your usual drop-off or pick-up schedule on a particular day. Late pick-up fees still apply.

Signature

Date

A Little Bit About You...

Camper Name: _____

Prefers: ___Chocolate ___Vanilla ___Strawberry

Favorite Snack: _____

Favorite Juice: _____

Least Favorite Food: _____

Favorite Lunch: _____

Favorite Fruit: _____

Least Favorite Fruit: _____

Favorite Vegetable: _____

Least Favorite Vegetable: _____

Favorite Games/Activities: _____

Favorite Color: _____

Favorite Animal: _____

Favorite Movie/TV Show/Cartoon: _____

Allergies: _____

Other fun facts that we should know: _____


