



FIELDSTONE FARM

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### SEIZURE EVALUATION FORM

**Instructions:** Students/parent/guardians – please complete this form including as much information as possible. Since riding and working around horses is a risk activity, conditions that increase that risk are carefully analyzed. The safety of all participants, volunteers and horses is considered.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Physician Treating Seizures \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_

Type of Seizure (if more than one, please list all types) \_\_\_\_\_

Date of Last Seizure \_\_\_\_\_ Frequency of seizures \_\_\_\_\_

Duration of Each Seizure \_\_\_\_\_

Typical Causes of Seizure Activity \_\_\_\_\_

Seizure activity indicators: (aura, behaviors or manifestations of oncoming seizure activity) \_\_\_\_\_

After Affect \_\_\_\_\_

Current Medications \_\_\_\_\_

During a seizure, I / my child:

- May stare briefly (How long? \_\_\_\_\_ )
- May walk around
- May perform aimless activities
- May suddenly cry / fall / become rigid, followed by muscle jerks / saliva on lips / bluish skin color
- May experience loss of bladder or bowel control
- May be confused, have a headache, be fatigued; followed by full return of consciousness
- Other. Please explain:

