## SEIZURE INFORMATION



Please fill out the following form if your child has experienced a seizure within the <u>last 5 years</u>.

While we know that seizures and triggers vary greatly, Majestic Hills Ranch would like to prepare our instructors and volunteers so as to make your child's horseback riding lessons as safe as possible. Please make sure to inform staff if there has been a change of medication or an illness that may increase seizure activity.

My physicia	an and I believe that	☐ w	ith medication	□ without me	dication	my child's s	eizures are:
□ Comple	tely Controlled		☐ Some	ewhat Controlled			Not Controlled
What type o	of seizures do they ha	ıve:					
What may	cause a seizure:						
What (if any	y) are the warning sig	ns befor	re a seizure sta	urts:			
	average duration of a						
What is the	current frequency of	occurre	nces:				
Description	of behaviors during t	he recov	very state and i	ts duration:			
What shoul	d we do should a seiz	zure occ	ur while riding:				
Signed by:					Date: _		
Relationshi	p to the rider:						