

# Individual health care plan

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Age** \_\_\_\_\_

■ Diagnosed condition/s \_\_\_\_\_

\_\_\_\_\_

■ Allergies \_\_\_\_\_

\_\_\_\_\_

■ Special dietary requirements \_\_\_\_\_

\_\_\_\_\_

■ Routine medication

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

■ Information on how to give medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ Activities that should be avoided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ Activities that require special precautions \_\_\_\_\_

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\_\_\_\_\_

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■ Possible triggers for seizures \_\_\_\_\_

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■ Warning signs that seizures might be about to happen \_\_\_\_\_

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■ Description of typical seizure/s \_\_\_\_\_

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■ Action to be taken during and after a seizure \_\_\_\_\_

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■ Seizures normally last \_\_\_\_\_ minutes.

Emergency medication should be given if the seizure has not stopped after \_\_\_\_\_ minutes,  
or if \_\_\_\_\_

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■ The emergency drug to be given is \_\_\_\_\_

The dose to be given is \_\_\_\_\_

It should be given ☐ orally

☐ rectally

☐ into the buccal cavity (between the cheek and the teeth)

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Circumstances when emergency medication should NOT be given\_\_\_\_\_

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■ Circumstances when a second dose of emergency medication may be given\_\_\_\_\_

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The second emergency medication to be given is\_\_\_\_\_

It should be given ☐ orally

☐ rectally

☐ into the buccal cavity (between the cheek and the teeth)

■ Named individuals who may give emergency medication

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

■ You should call an ambulance/doctor if\_\_\_\_\_

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■ Please call\_\_\_\_\_ if the following situation occurs

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Child/young person/parents/guardians/prescribing doctor

*AND*

*AND*

*AND*

Position in relation to child \_\_\_\_\_

■ Additional Information/instructions\_\_\_\_\_

[illegible]