



Kamehameha Schools®

Medical Clearance for Water Activities for Students with Seizures

Student Name: _____ DOB: _____ Student ID: _____ Grade: _____

1. This student has been seizure free (select a period duration and a medical clearance):
 - <3 months since stopping an anti-seizure medication, and is:
 - Not medically cleared to swim
 - Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision by parent/legal guardian or an adult authorized by the parent/legal guardian that is not a KS student/employee/staff member.
 - >3 months without starting or stopping an anti-seizure medication, and is:
 - Not medically cleared to swim
 - Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision by parent/legal guardian or an adult authorized by the parent/legal guardian that is not a KS student/employee/staff member.
 - >6 months without starting or stopping an anti-seizure medication, and is:
 - Not medically cleared to swim
 - Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision
 - Medically cleared to swim in a pool or off-campus shallow and closed water activity under lifeguard supervision
 - >2 years without starting or stopping an anti-seizure medication, and is:
 - Medically cleared to swim with the following restrictions: _____

 - Medically cleared to swim without restrictions
2. This student IS/ IS NOT (circle one) currently in the process of having an anti-seizure medication weaned. If in the process of weaning, the intent is to:
 - Change to a different medication
 - Stop the medication altogether, and the student is:
 - Not medically cleared to swim
 - Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision.
3. Current anti-seizure medications: _____

Physician Name: _____ Signature: _____ Date: _____