



Office of Disability Services

SEIZURE RESPONSE PLAN

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_
Last First MI

Residence Building: \_\_\_\_\_ Room \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

INSTRUCTIONS SPECIFIC TO MY MEDICAL CONDITION:

- 1. Type of Seizure Disorder \_\_\_\_\_
2. Frequency \_\_\_\_\_ Duration \_\_\_\_\_ Intensity \_\_\_\_\_
3. Medications taken for this condition: \_\_\_\_\_
4. Is an assist dog used? NO YES Name \_\_\_\_\_
5. The best method of assistance \_\_\_\_\_
6. Preferred hospital if needed: \_\_\_\_\_
7. Friend to call Name Phone
8. Family to notify Name Phone
9. Other: \_\_\_\_\_

I give my permission to release the information provided above to Messiah College Department of Safety, Residence Life, Engle Center, and faculty in whose classes I am registered. I understand that emergency medical assistance may be summoned by Messiah College personnel in the event of a seizure and agree to be fully responsible for the cost of such assistance. [I am aware that I may refuse emergency medical assistance after it has arrived.] I have read the AMessiah College Information Sheet: Convulsive Seizures@ and understand that it describes procedures which will be followed in the event I have a seizure. I release Messiah College, its employees, officer and trustees, from all liability for injury or loss which I may suffer as a result of my seizure disorder.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if applicant is under 18) \_\_\_\_\_

Distribution:

Table with 2 rows and 6 columns: Applicant, Dept of Safety, Disability Services, Residence Director, Engle Center, Residence Life, Emergency Dispatch.