



OFFICE OF
ACADEMIC ACCESSIBILITY

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 University 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 University 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 Messiah University Information Sheet: Convulsive Seizures@ and understand that it describes procedures which will be followed in the event I have a seizure. I release Messiah University, 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:

SRP-08

Applicant		Dept of Safety		Academic Accessibility		Residence Director	
Engle Center		Residence Life		Emergency Dispatch			