# UNF Logo with OspreyStudent Accessibility Center

Seizure Response Plan

Student Name: N Number:

Student Address (Street, City, State, Zip):

Residence Hall and Room Number:

Phone Number:

Type of Seizure Disorder:

Past frequency of seizures:

Warning signs that I am about to have a seizure:

Steps that should be taken when I have a seizure:

Emergency Contact Information:

Name: Relationship: Phone:

Name: Relationship: Phone:

I give the University of North Florida permission to release this information to the appropriate faculty, staff, and/or medical assistance, so that timely and appropriate assistance can be provided to

me in the event of a seizure. I understand that faculty in whose classes I am registered, as well as University Pollice may be provided with a copy of this information and that it may be necessary to call outside medical assistance. I am aware I may refuse such assistance or medical treatment after it has already arrived. I further understand that I am responsible for any expense that may be incurred because of medical treatment that has been called or provided for me. I release the University of North Florida, its employees, and trustees from all liability for injury and loss which may occur because of my seizure disorder.

Student Signature: Date:

