

ACCESS AND DISABILITY SERVICES STUDENT SEIZURE RESPONSE PLAN

Academic Year:				
Legal Name:				
S	Last	First	Middle (complete)	Jr., etc.
Mailing Address:				
9	Street/P.O. Box	City	State	ZIP Code
Home Telephone No.:		Cell P	hone Number:	
Instructions speci	fic to the medical cond	dition causing seiz	ures:	
Steps that should	be taken when I have a	a seizure:		
1				
				
Type of seizure di	sorder:			
Frequency:				
Most recent amount	oon ar ania ada (ambula	a a a managa adia da agam	oitalization atale	
Most recent emer	gency episode (ambular	nce, paramedic, nosp	oitanzation, etc.):	
You know I will be having a seizure when the following happens:				

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf. edu.

EMERGENCY CONTACT INFORMATION

Contact Name:	
Relationship:	Telephone:
Contact Name:	
Relationship:	Telephone:
Contact Name:	
Relationship:	Telephone:
and/or medical proseizure. I understan Security may be pro outside medical ass personnel have arri incurred as a result	entral Florida permission to release this information to the appropriate faculty, staff viders so that timely and appropriate assistance can be provided to me in the event of a d that emergency medical personnel, faculty in whose classes I am registered, and CF ovided with a copy of this information, and that it may be deemed necessary to call for estance. I am aware that I may refuse such assistance or medical treatment after medical ved on campus. I further understand that I am responsible for any expense that may be of medical treatment that has been called or provided for me. I release the College of employees, officers and trustees from all liability for injury and loss that may occur as a disorder.
Student Sionature	• Date (MM/DD/YY)•

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SA-AC18MKPR www.CF.edu 352-873-5800 Revised 6/26/2019 Page 2 of 2