

**Disabilities Support Services
Chattanooga State Community College**

Seizure Response Plan

Semester/Year: _____

Student's name: _____

Home address: _____

Telephone number: _____

Instructions specific to my medical condition:

Type of seizure disorder _____

Frequency _____

Duration _____ Intensity _____

Medications I take for this condition _____

Emergency contact _____ Phone number _____

If that person isn't available, contact _____

Phone for this person _____

You will know I am having a seizure when: _____

(More information on the reverse side)

