



Dean of Students Office
One Cumberland Square
Lebanon, TN 37087
(615) 547-1353

Seizure Response Plan

Student Name: _____ Academic Year: _____ - _____

Student Address: _____
Street City State Zip

CU Residence Hall and Room Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Instructions specific to the medical condition causing seizures:

Type of Seizure Disorder:

Frequency:

Most recent Emergency Episode (Ambulance, Paramedic, Hospitalization, etc):

You know I will be having a seizure when:

Steps that should be taken when I have a seizure:

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give Cumberland University 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 Health Services, faculty in whose classes I am registered, as well as Security 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 as a result of medical treatment that has been called or provided for me. I release Cumberland University, its employees, officers, and trustees, from all liability for injury and loss which may occur as a result of my seizure disorder.

Student Signature: _____

Date: _____