



Student Seizure Disorder Agreement Form

Student: _____ Social Security #: _____

Date: _____ Student ID #: _____ Semester: _____

Campus Location: ☐ Paragould ☐ Pocahontas ☐ Piggott ☐ High School (Concurrent)

This agreement is to insure that the proper procedures are in place to assist the student if/when they have a seizure or episode. The student understands that they are the responsible party to any decision if they choose to override the current school ADA policy that is indicated in the ADA Handbook.

Student Agreement

- The student agrees to all responsibility of health and safety if emergency services are declined: ☐ **Yes**
- Student agrees that emergency services will be called regardless of student wishes if:
- Student is harmed either mentally or physically: ☐ **Yes**
- This include loss of personal functions or cognitive functions: ☐ **Yes**

Student's Signature: _____

I, _____, wish that the following procedure be considered when/if I have a seizure while on campus. I understand that this action is declining emergency services and I take full responsibility. Otherwise emergency services might be called at the school discretion.

Does the student want their family contacts notified of ANY episode on campus? ☐ **Yes** ☐ **No**

1. Name _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

ADA Coordinator/Rep Name (Print): _____

ADA Coordinator/Rep Signature: _____

Date: _____

Student's Signature: _____ Date:
