

# Seizure Disorder Emergency Accommodation Request Form

## Student Information

Full Name

Student ID

Date of Birth

Email Address

Phone Number

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## Seizure Disorder Information

Diagnosis

Physician Name

Physician Contact Information

Type of Seizures

Known Triggers

Seizure Frequency

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## Emergency Accommodation Requests

Requested Emergency Accommodations

Preferred Emergency Response (if a seizure occurs)

Medications (if any)

## Emergency Contacts

Contact Name

Relationship

Phone Number

Other Contact Information

Additional Information

Signature

Date