

# **Condition Specific Medical Advice Form**

## **For a Student with Epilepsy and Seizures**

**This form is to be completed by the Student's Medical/Health Practitioner providing a description of the health condition and First Aid requirements for the student. This form will assist the College in developing a student**

<b>Description of the condition</b>	<b>6p</b> Please describe the condition If additional information is required, please attach it in electronic form
<b>Duration</b>	

6h

Year:

	"Major Seizures"	MA
	<i>Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure</i>	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	<i>Stay calm</i>	Stay calm
2	<i>Check for medical identification</i>	Check for medical identification
3	<i>Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.</i>	Protect the person from injury by removing harmful objects close to them
4		