

SEIZURE RESCUE MEDICATION AUTHORIZATION FOR SCHOOL

Student _____ School _____ Birthdate _____

The above named student has a seizure disorder or had a seizure in the past that could cause him/her to need emergency medication to stop a seizure at school. (i.e. Diastat, Midazolam)

Emergency Medication: _____ Dose: _____

Type of Seizures: _____

When to administer: _____ Route: _____

Health Care Provider Name _____ Telephone _____

Health Care Provider Signature _____ Date _____

LWSD Guidelines for administration of a rescue seizure medication

- **911 is always called if a seizure rescue medication is administered.**
- **Most emergency medications can only be administered by a trained health professional.**
- Many schools do not have a nurse in the building during all school hours to administer medication.
- The school this student attends:
 - Does have a school nurse on site during all school hours
 - Does not** have a school nurse on site during all school hours
- If a nurse is on site, they will administer the medication while 911 is called.
- If the nurse is **not on site**, the school will call 911 and request a paramedic response. While not guaranteed, the average response time in LWSD is 5.4 minutes with some up to 15 minutes.
- If the average response time is longer than prescribed response time, listed above, please contact the school nurse.
- The student may be moved to another school in the district that has a nurse on site during all school hours to accommodate the health care provider’s prescribed recommendation.

Health Care Provider Signature

Date

ACKNOWLEDGMENT OF PARENT OR GUARDIAN

- I have read the above “LWSD Guidelines for administration of a rescue seizure medication”
- I understand that I need to provide a new order each school year.
- I understand it is my responsibility to replace expired medications.
- I understand that my student will not be allowed at school without a current order and medication.

Parent/Guardian Signature

Date