COMMUNITY EDUCATION
ACES

CONSENT FORM FOR ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION

****Before medication can be administered by CE program personnel this form must be completed and on file****

Child's Name: ____ Birth Date: __________________

Program Name/Site: ____ Grade: _____________________

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PHYSICIAN/LICENSED PRESCRIBER ORDER

Medication: ____ **Route:** ___________________

Dosing and Administration of Emergency Seizure Medication:

Administer _______ mg of medication after seizure of _______ minutes duration, or if _______ (indicate number) seizures occur within ________________ (indicate period of time).

Criteria for repeat dosing: ____

Other instructions:

____

____

Possible side effects: ____

Emergency Seizure Medication should be administered for the following type(s) of seizure(s):

☐ Generalized tonic-clonic (please describe): ____

☐ Other (please describe):

____

____

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: ______________________________ DATE: __________

PRINT NAME: ____ PHONE #: ____________________

CLINIC: ____ FAX #: ______________________

OVER

PARENT/GUARDIAN AUTHORIZATION

1. I request the above medication be given to my child during CE program hours by CE program staff as ordered by the physician/licensed prescriber.
2. **I will provide this medication in the original, properly labeled pharmacy container.**
3. I authorize the CE program coordinator/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, emergency plan, or side effects of this medication.
4. I authorize the CE program coordinator/designee to communicate with appropriate CE program personnel regarding this medication and emergency care plan for my child.
5. I release CE program personnel from any liability in relation to the administration of this medication during the program.
6. I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature: _____ **Date:** _____

GUIDELINES FOR ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION

The administration of medication to students shall be done only in exceptional circumstances wherein the student's health may be jeopardized without it.

1. Administration of Emergency Seizure Medication by school personnel will only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian.
    a. Altered forms of medication will not be accepted or administered during a CE program.
    b. Narcotics/medical cannabis will not be administered at CE program.
    c. Aspirin-containing products will not be administered at CE program.
    d. Only FDA approved treatments will be provided at CE program.

2. A new medication consent form is required when the medication dosage or instructions for administering the medication are changed.

3. New consent forms with appropriate signatures must be received each CE program session.

4. If the medication is discontinued, a physician/licensed prescriber is requested.

5. The medication must be brought to and from CE program by a parent/guardian in its original container. The following information must be on the medication container:
    a. Child's full name
    b. Name and dosage of medication
    c. Directions for administration must match the authorization form
    d. Physician/Licensed Prescriber name
    e. Date (must be current)

6. Medications are not to be carried by the child and will be kept in a locked box/cabinet designated for medication unless authorized by the Program Coordinator. **Controlled substances must never be carried by a child.**

7. Special arrangements must be made with the Program Coordinator concerning administration of medication to children through gastrostomy tubes, rectal or injectable routes.