Charleston County SCHOOL DISTRICT excellence is our standard

Epilepsy Medication/ Emergency Procedure Doctor's Orders

School Year: _____

To be completed by legal prescriber

Name of Student: _____Date of Birth: _____

School: _____ School Phone/Fax: _____

Diagnosis: _____

List any known drug allergies or other allergies: _____

	Medication/ Procedure	Dosage	Route	Indication/Action
School Day Orders	Diastat	_____	Rectally	For seizure activity lasting more than ____minutes. Other Indication/s: _____ **Call EMS after administering Diastat**
School Bus Transportation Orders	Observe Student for seizure activity	N/A	N/A	If seizure activity is detected, pull bus over, protect student from injury and **call EMS**
Additional Instructions:				

This student's specific health information will be used by the school nurse to individualize the CCSD Health Management Plan and Emergency Action Plan. This plan will be used by the nurse to train the appropriate school employees.

_____ _____ _____ _____

Legal Prescriber, print name **Signature of Legal Prescriber** Date Phone/Fax

_____ _____ _____ _____

Signature of Parent/Legal Guardian Date Phone Email

(This order is valid through the end of the current school year. New orders are required each year.)

Nursing Services February 2017