Grand Prairie Independent School District Health & Wellness Services

Authorization for Emergency Seizure Medication Administration by Unlicensed School Personnel

Student:_____ **DOB:**_____

Campus:_____ **Grade:**_____ **Teacher:**_____

Students' health and safety are very important to everyone at GPISD, and Health and Wellness Services employees are committed to providing a high level of care to meet their medical needs. The school nurse works with the parent or guardian to develop an Individualized Care Plan and an Emergency Care Plan for any student who might experience a seizure at school. In these cases, the student's health care provider must provide specific orders that are kept on file at school.

If a seizure occurs at school while the nurse is unavailable and the parent or guardian has given permission, trained unlicensed assistive personnel will administer the emergency seizure medication indicated in the health care provider's orders.

Please select which emergency medication has been prescribed for your child:

[ ] Diazepam [ ] Valium [ ] Diastat [ ] Valtoco [ ] Midazolam Intranasal (Nayzilam)

[ ] Other: _____ (provide name of medication)

When any emergency medication is given, whether by the school nurse or by unlicensed assistive personnel, both the parent/guardian and 911 will be called. If the nurse is not available and permission for an unlicensed person to administer the emergency medication has not been given, 911 will be called.

To complete this authorization form, fill out Sections 1, 2, and 3 and return it to the nurse at your child's school.

1. Administration of Emergency Seizure Medication at School:

Mark "yes" or "no" to indicate your preference:

____ Yes. I authorize trained unlicensed assistive personnel to administer prescribed emergency seizure medication to my child at school if the school nurse is unavailable. I understand that 911 will be called if this is done.

____ No. I **do not** authorize unlicensed assistive personnel to administer prescribed emergency seizure medication to my child at school. I understand that if the school nurse is unavailable, no medication will be given and 911 will be called.

2. GPISD Transportation Policy for Administering Medication:

I, _____ (parent or guardian's name), understand that if my child has a seizure while on GPISD transportation, prescribed emergency seizure medication will **NOT** be administered, and 911 will be called.

3. Signature of Parent or Legal Guardian:

Signature: _____ Date: _____