

Pickerington Schools

Authorization for the Possession and Use of Seizure Medication(s)

A completed form must be provided to the school principal and/or nurse before the student may possess and use a seizure medication(s) to treat or prevent the onset of a seizure in school.

Date of Request: _____

Student name: _____

Student address: _____

This section must be completed and signed by the student's parent or legal guardian.

As the parent or legal guardian of this student, I authorize my child to possess and use seizure medication(s), as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent/guardian signature: _____ Date: _____

Parent/guardian name: _____ Phone: _____

This section must be completed and signed by the medication prescriber.

Medication name/dosage: _____

Medication administration begin date: _____ End date: _____

Circumstances for use of the seizure medication(s): _____

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief: _____

Possible severe adverse reactions:

Of the student for which the the medication is prescribed (report these to the prescriber): _____

Of a student for which the medication is not prescribed but who receives a dose: _____

Other Recommendations:

Please include time, schedule, duration of treatment, any special precautions or possible reactions, and interventions.

As the prescriber, I have determined that this student is capable of possessing and using this seizure medication(s) appropriately and have provided the student with training in the proper use of the medication(s).

Prescriber Authorization:

Prescriber signature: _____ Date: _____

Prescriber name: _____ Phone: _____

Address: _____