



St. Charles Parish Public Schools

Physician's Order for Administration of Seizure Rescue Medication
(Diatat, Valtoco, Nayzilam)

Student Name : _____

DOB : _____

School : _____

Grade : _____

Parent or Legal Guardian Name (print) : _____

Parent or Legal Guardian Signature : _____

If this student has a seizure while on the bus, rescue medication will not be administered. The bus driver will call 911.

Diagnosis: _____ ICD-10 Code: _____

Date and type of last dose of rescue medication administered: _____

Description of the seizure for which rescue administration is ordered:

Please provide a student specific description that will permit identification of seizure.

• Warning before the seizure ☐ No ☐ Yes (Please Specify) : _____

• Seizure may include (check all that apply):

☐ Deviation of head ☐ Incontinence ☐ Unresponsive Staring ☐ Repetitive Behavior

☐ Deviation of Eyes ☐ Tremors ☐ Jerking Movements ☐ Lip Smacking/

☐ Chewing Paralysis ☐ Cyanosis ☐ Verbal Outbursts ☐ Stiffening or Twitching

☐ Drainage from Mouth ☐ Other Symptoms (specify) _____

Administration of Rescue Medication:

Medication: _____ Dosage of Medication: _____ Route: _____

Frequency: _____

*** Per SCPPS policy, school dosing must follow current FDA approved medication labeling.

☐ This child has never received any rescue medication for seizure activity, but he/she can receive it at school for the first time.

☐ This child has received rescue medication before and experienced no complications.

Notification:

I wish to be notified if rescue medication is administered ☐ No ☐ Yes

Prescriber's Name (Print)

Prescriber's NPI Number

Prescriber's Address

Phone/Fax Numbers

Prescriber's Signature

Date

Any future changes in orders for medication require new medication orders. Orders to discontinue must also be written. Orders sent by fax are acceptable. Original orders must be received within five business days.