

MEDICAL AUTHORIZATION FOR EMERGENCY SEIZURE MEDICATION AT SCHOOL

AUTORIZACIÓN MÉDICA PARA ADMINISTRAR MEDICAMENTO DE EMERGENCIA PARA CONVULSIONES EN LA ESCUELA

Student/Estudiante: _____ Birthdate/Fecha de Nacimiento: _____ Grade/Grado: _____

Nurse/Enfermera(o): _____ Phone/Teléfono: _____ School/Escuela: _____ FAX: (509) 573-5050

Parent Section Sección de los padres	I request medication be on site and that the school nurse or emergency personnel administer the following medication in accordance with healthcare provider instructions. By signing below I authorize that medical information pertaining to Seizures and use of the following medications be exchanged with my student's school nurse in written and verbal forms. I further give permission for these orders to be faxed to the school. <i>Yo pido que el medicamento esté en la escuela y que la enfermera o personal de emergencia administre el siguiente medicamento de acuerdo con las instrucciones del médico. Al firmar abajo doy autorización para que la información médica pertinente a Convulsiones y al uso de los siguientes medicamentos sea comunicada con la enfermera de la escuela de mi estudiante en forma verbal y escrita. También, doy permiso para que estas órdenes se envíen por fax a la escuela.</i>				
	I request seizure emergency medication to be at school ☐ Yes/Si ☐ No <i>Solicito tener medicamento de emergencia para convulsiones en la escuela.</i>				
	I give permission for the nurse to initiate an Emergency Care Plan/504 Plan. ☐ Yes/Si ☐ No <i>Doy permiso para que la enfermera inicie un Plan de Cuidado de Emergencia/Plan 504</i>				
	<div style="display: flex; justify-content: space-between;"> Signature/Firma _____ Date/Fecha _____ Phone #1 _____ Números de teléfonos _____ Phone #2 _____ </div>				

 Date of Last Seizure/Fecha de la última convulsión: _____ Length of Last Seizure/Duración de la última convulsión: _____ Hospitalized/Hospitalizado: ☐ No ☐ Yes/Si

 Emergency Medication Given?/¿Se administró medicamento de emergencia? ☐ No ☐ Yes/Si

 Medication Type/Tipo de medicamento: ☐ Rectal Diastat/Diastat Rectal ☐ Nasal Midazolam/Midazolam Nasal

Describe symptoms previous seizures/Describe los síntomas previos a la convulsión: _____

What are your student's triggers?/¿Cuáles son los causantes de las convulsiones de su estudiante? _____

----- **STUDENT'S NEUROLOGIST MUST COMPLETE SECTION BELOW** -----
 ----- **EL NEURÓLOGO DEL ESTUDIANTE DEBE COMPLETAR LA SECCIÓN DE ABAJO** -----

 Student's Grand Mal Seizures are: ☐ Controlled, no meds ☐ Controlled, with daily meds ☐ Uncontrolled

 Student requires Emergency Seizure medication at school? ☐ No ☐ Yes

Reasoning: _____

 Medication Type: ☐ Rectal Diastat ☐ Nasal Midazolam ☐ Nasal Diastat

☐ **NO NURSE REQUIRED ON SITE FULL TIME: (911 TO BE CALLED TO ASSESS AND TREAT)**
Grand Mal Seizure:

- Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body. May Fall.
- Usually lasts less than 2-5 min
- May have loss of bowel and bladder
- Typical to vomit after, roll student to side
- Record observations of seizure activity
- If student is diabetic, pregnant, recent head injury or poisoned/has taken drugs call 911!

- Note time seizure started and calls for back up!
- Call 911 at _____ minutes of seizure starting, ask for Advanced Life Support for an active Grand mal Seizure
- Call School Nurse (if available) and notify parent/guardian
- Remain with student until EMS arrives. If medication is on site have medication and orders brought to the student.
- Clear area around student, do not restrain or put anything in mouth!
- If breathing stops, start CPR and do not stop until emergency backup arrives!

☐ **NURSE RECOMENDED ON SITE FULL TIME: (student may need to transfer to a school where a nurse is staffed full time; seizure medication at this time is not delegable.)**
**Grand Mal Seizures
WITH**
Severe Symptoms (please check):

- ☐ Multiple Recent Grand Mal Seizures
☐ Recent need for emergency Meds
☐ Respiratory suppression with Seizure
☐ Other: _____

Nurse to give emergency medication at _____ minutes of Seizure starting. 911 to be called.

- Give _____ (Amount) of ☐ Rectal Diastat
Or ☐ Nasal Midazolam
- Notify parent/guardian. Provide emergency care until emergency personnel arrive.

 Recommend Medication on bus. ☐ No: 911 to be called if seizure occurs

☐ Yes: 911 protocol ☐ Yes: Other accommodations _____

 Recommend student carry this emergency medication to and from school in backpack. ☐ No ☐ Yes

Medication order is valid for duration of school year: _____ (includes summer school).

 Licensed Health Care Provider Signature

 Printed LHCP Name

 Date

 Health care provider phone

 Health care provider FAX