



Emergency Anti-Seizure & Daily Seizure Medications

School Year: _____ School: _____ Fax: _____

Student Name: _____ Grade: _____ DOB: _____

*This form **must be renewed annually**, and if there are any changes in treatment or medication during the school year.*

Both Physician Authorization and Parent/Guardian Consent must be completed before medication administration can begin at school.

Physician Authorization – List All Medications to be administered at school or during school-based activities. Complete orders are required before medication administration may begin.

Seizure Information	
Seizure Type(s):	
Triggers, Auras, Warning Signs:	
Description:	
Length, Frequency:	

Treatment Protocol During School Hours and School-Sponsored Activities		
Does student have a Vagus Nerve Stimulator? ☐ Yes ☐ No		
If YES, describe magnet use:		
Protocol for observing student after a seizure (including, but not limited to, if the student should rest in the office, return to class, and the length of time student should be under direct observation):	Basic Seizure First Aid - Stay calm & track time - Keep child safe. Do not restrain or put anything in mouth - Stay with child until fully conscious - Record seizure in log For tonic-clonic seizure: - Protect head - Keep airway open/watch breathing - Turn child on their side	
Emergency Response A "seizure emergency" for this student is defined as:	Seizure Emergency Protocol (Check additional procedures below) - Call 911* (911 will be called for all emergency medication administrations) - Notify Parent and District Nurse ☐ Administer emergency medications as indicated below ☐ Notify doctor ☐ Other: _____	A seizure is generally considered an emergency when: - Convulsive (tonic-clonic) seizure lasts longer than 5 minutes - Student has repeated seizures without regaining consciousness - Student is injured or had diabetes - Student has a first-time seizure - Student has breathing difficulties - Student has a seizure in water

Health Services
25 Churchill Avenue
Palo Alto, CA 94306
Fax 650-833-4226



Seizure Action Plan

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Emergency Anti-Seizure Medication

Medication Name:		Strength:		Required Dose:	
Method of Administration:				PRN frequency:	
When to administer the medication:					
Potential adverse reactions and recommended mitigation actions:					
The parent/guardian shall provide notification to the school of the details (time, amount, etc.) of any emergency anti-seizure medication administration within 4 hours of the start of a school day. If parent notifies the school of any such administration, then the above protocol should be modified as follows (describe changes, if any, to the above administration instructions in the event of a parent administration notification as described above):					
Medication shall be administered from: ____ to ____ or ☐ Remainder of School Year. Date Emergency Medication Last Administered: _____					
Additional Instructions:					

Daily Seizure Medications (Complete if needed at school during school hours, overnight field trips, or emergencies) For more than one daily seizure medication, fill out a separate Medication Authorization form.

Medication Name:		Strength:		Required Dose:	
Type: ☐ Pill ☐ Liquid ☐ Injection ☐ Topical ☐ Inhaler ☐ Nebulizer ☐ Drops ☐ Nasal Spray					
Route/Location of Administration:			Reason for giving medication:		
Time(s) to be given at school:	AM/PM ☐ Daily ☐ PRN	If PRN, Frequency:			
If PRN, for what symptoms:			Relevant side effects:		
Medication shall be administered from: ____ to ____ or ☐ Remainder of School Year					
Additional Instructions:					

Special Considerations and Precautions (regarding school activities, sports, trips, swimming, etc.)

Describe any special considerations or precautions:

My signature below provides authorization for the above orders. All procedures will be implemented in accordance with states laws and regulations. Specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse.

Physician Signature

Date

Phone

Fax

Clinic Stamp

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Parent/Guardian Consent

I request that my child be allowed to take medication at school according to instruction from the above health care provider. I authorize school personnel to assist with this medication for my child as ordered from the above health care provider. I understand trained, non-medical personnel may assist with or administer medication (Ed Code 49423 and 49480).

I give consent to communication and exchange of information between PAUSD and the health care provider listed above regarding the health care provider's written statement or any other questions about the medication or medication administration.

I understand and agree to the following responsibilities regarding medication administration:

1. This form must be renewed whenever student's prescription changes and at beginning of each school year.
2. Prescription medication must be in a container labeled by the pharmacist or health care provider and will not be expired.
3. Non-prescription medication must be in the original container with the label intact.
4. An adult must bring the medication to the school health office and pick up any outdated or unused medication.
5. Pill splitting must be done by parent/guardian prior to providing medication to school officials.
6. Parents/Guardians provide all materials or necessary equipment (e.g. measuring spoon) for medication administration.
7. Students may not carry and self-administer medication unless authorization has been given by student, parent, and health care provider.
8. Parents will notify the school and provide new consent for any changes to the above authorization.
9. Any modifications or changes to the authorizations may only be made after written notification is received from the health care provider.
10. **I understand that 911 will be called following emergency anti-seizure medication administration.** This shall not require the student be transported to an emergency room. EMS protocol may require a parent/guardian to be present to avoid transport to emergency room.
11. I understand that emergency seizure medication will be administered on school transportation when it is safe and feasible to do so; if it cannot be safely administered, 911 will be called.
12. I understand that parent/guardian must let the school know if the emergency anti-seizure medication was given within the past 4 hours on a school day (including dosage, method of administration, and seizure characteristics).

Parent/Guardian Signature

Date

Phone