

**Form 4: Physician Authorization for  
Administration of Emergency Anti-Seizure Medication at School and School-sponsored Events**

<b>Pupil:</b>	<b>DOB:</b>	<b>Date:</b>
<b>School:</b>	<b>Teacher/Rm:</b>	<b>Grade:</b>
<b>Medical office:</b>	<b>Patient Identification #:</b>	

**TO PHYSICIAN:**

- **Please provide the mandatory specific instructions and authorization to assist our school staff in emergency anti-seizure medication administration as needed in school settings.**
- **Emergency services will be called and parent/guardian contacted following emergency anti-seizure medication administration in accordance with Education Code Section 49414.7, which does not require that the pupil be transported to an emergency room. Emergency medical services protocol may require a parent/guardian to be present to avoid transport to emergency room.** Emergency services may also be called according to legal requirement/school district policy and standard school emergency procedures. These requirements and/or policies may include: (a) emergency anti-seizure medication procedure may only be implemented for pupils who have been given the medication previously and without complications; (b) if emergency anti-seizure medication is administered to the pupil for the first time at school.

**1. Medication**—Name and Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Frequency of Administration: \_\_\_\_\_

- The frequency of anti-seizure medication administration must be agreed upon by parent/guardian and physician and discussed with the credentialed school nurse, prior to administration.**

**2. Specific description of seizure symptoms** (including, but not limited to, frequency, type, or length of seizures) that identify when the administration of an emergency anti-seizure medication is necessary:

\_\_\_\_\_  
\_\_\_\_\_

**3. Circumstances under which the medication is to be administered:**

\_\_\_\_\_  
\_\_\_\_\_

**4. Date when emergency anti-seizure medication was last administered:** \_\_\_\_\_

**5. Other seizure medications prescribed for the pupil:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Potential adverse reactions and recommended mitigation actions:**

\_\_\_\_\_  
\_\_\_\_\_

**7. Protocol for observing pupil after a seizure** (including, but not limited to, whether the pupil should rest in the school office, whether the pupil may return to class and length of time pupil should be under direct observation):

\_\_\_\_\_  
\_\_\_\_\_

**Form 4: Parent Consent and Physician Authorization for Administration of Anti-Seizure Medication**

<b>Pupil:</b> _____	<b>DOB:</b> _____	<b>Date:</b> _____
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8. In accordance with district/school’s standard seizure protocol, if emergency anti-seizure medication is administered \_\_\_\_\_ minutes (**30**, if this section is left blank) prior to busing, pupil will not be transported by bus unless authorized by the school nurse.

9. The parent is to provide written notification to the district/school of the details (time, amount, etc.) of any emergency anti-seizure medication administration within \_\_\_\_\_ hours (**4**, if this section is left blank) of the start of a school day.

**If parent notifies the district/school of any such administration, then the above protocol should be modified as follows:** (describe change, if any, to the above administration instructions in the event of a parent administration notification as described above):

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN AND PARENT SIGNATURES**

**Authorization and Consent for Emergency Anti-Seizure Medication Administration in School Settings**

My signature below provides authorization for the written orders on page 1. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical healthcare services may be performed by nonmedical volunteer school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization. Authorizations may be faxed.

_____ (MD Initials)	<b>I verify that this pupil has previously received emergency anti-seizure medication without complication.</b>
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\*Authorized Healthcare Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Healthcare Provider Name (PRINT): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Nurse Practitioner, Nurse Midwife, Physician Assistant: Furnishing Number \_\_\_\_\_

Supervising Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Consent for Emergency Anti-Seizure Medication Administration in School Settings**

I (we) the undersigned, the parent(s)/guardian(s) of the above named pupil, request that Emergency Seizure Medication be administered to my (our) child in accordance with state laws and regulations. I (we) will:

1. provide the necessary medication(s), equipment, supplies.
2. notify the school nurse if there is a change in child’s health status or attending authorized healthcare provider.
3. notify the school nurse immediately and provide new written consent/authorization for any changes in the above authorization.

I (we) give consent for the school nurse to communicate with the authorized healthcare provider when necessary.

I (we) understand that I (we) will be provided a copy of my child’s completed Individualized Healthcare Plan(IHP).

Parent(s)/Guardian(s) Signature (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by the school nurse (signature) \_\_\_\_\_ Date \_\_\_\_\_

School Nurse has informed principal about healthcare services provided for pupil \_\_\_\_\_



**DAVIS JOINT UNIFIED SCHOOL DISTRICT**  
**MEDICATION ASSISTANCE AUTHORIZATION**

Student Name: \_\_\_\_\_ SIS#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

**IMPORTANT INFORMATION**

In accordance with California Education Code Section 49423, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990, students who have a Medical Disability for which a physician has prescribed Medication to be taken during the school day, whether of limited or permanent duration, are entitled to seek assistance from the District in meeting their Medication needs when the student is under the District’s care, custody, or control, including while the student is on field trips, sporting events, and other off-campus District-sponsored activities. **Except for personal asthma inhalers, personal epi-pens, and glucagon kits, a student may not independently possess Medication during the school day or while on District property.** Due to health and safety concerns, including the potential theft of the Medication or the potential for improper sharing/use of the Medication by other students who may then suffer unexpected allergic or other negative reactions, **there are no exceptions to this requirement.** A student personally possessing Medication, misusing Medication, or providing Medication to another student, may face discipline.

***Medication**, means currently (unexpired) prescribed Medications, as well as over-the-counter remedies (such as aspirin, decongestant, eye drops) and nutritional/herbal supplements. Because several over-the-counter medications can present safety or health hazards to others, all Medications are subject to the following rules and regulations.*

***Medical Disability**, means any mental or physical condition limiting a student’s ability to engage in major life activities (such as eating, breathing, hearing, speaking, learning, or performing self-care) or which otherwise is subject to a medical disability or condition for which Medication has been prescribed or recommended by a physician.*

***Medication Assistance**, means the storage of Medication, or the providing of Medication to a student in accordance with a physician’s written instructions or directives, when the child presents himself/herself at the agreed time, or in response to urgent or emergency circumstances. As permitted by law, assistance may be provided by a District employee other than a nurse or licensed or trained medical care provider. Any emergency assistance provided to a student will be promptly brought to the attention of the parent/guardian. All additional reports/reporting of emergency Assistance will be undertaken in keeping with governing laws and District policies and procedures.*

Before Medication Assistance can be provided, even if the student has an Individualized Education Plan (“IEP”) or a “504 Plan,” this Medication Assistance Authorization form (“Authorization”) must be executed by at least one parent/legal guardian **and** the student’s duly authorized health care provider. A new Authorization is required at the beginning of each school year and any time there is a change in Medication directives (such as change in Medication, dosage, timing, or frequency). The parent/legal guardian must immediately notify the District of any change in Medication directives.

All Medication must be provided to the District by a parent/legal guardian, with the District storing the Medication and dispensing it in compliance with the Medication directive. All medication supplied to the District must be in its original labeled form (i.e., in the original prescription bottle, sealed package, etc.) as received from the physician, pharmacist, or store. Until the District receives an updated Authorization, signed by the parent/legal guardian and health care provider, the District will continue to provide the provided Medication, and provide Medication Assistance according to an existing Authorization, unless (a) there is evidence the student’s health may be endangered by the continued use of the former Medication directive, or (b) the parent/legal guardian provides a written statement that Medication Assistance is to cease or be suspended until the new Authorization can be provided. In such situations, the parent/legal guardian will need to provide the Medication Assistance to the student at agreed times during the school day in a safe and appropriate manner that does not unduly disrupt the educational environment.

