

Oakwood School District #76

Permission for: Emergency Seizure Medicine to be Administered at School

Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse

Student Name: _____ Birthdate: _____

Name of Medication: _____

Dosage: _____

Route of Administration: _____

Frequency & Time of Administration: _____

Diagnosis: _____

Other medications student is receiving: _____

Possible Side Effects: _____

Start Date: _____ Stop Date: _____

Licensed Prescriber(print): _____ Signature: _____

Address: _____

*Health Care Provider: Please complete the Seizure Action Plan on the back of this sheet

Telephone: _____

Date: _____



Part 2: To be completed by the parent or legal guardian

I _____, give permission for my child to receive the above medication as directed by the licensed prescriber. The medication will be sent to school in a container appropriately labeled and in the original container. I will provide the school nurse with a written note from the license prescriber if the medication is discontinued. Also, I will obtain a new licensed prescriber's order if there is a change in medication and/or dosage. Lastly, I hereby give permission for the school nurse to discuss the details of this order with the Licensed Prescriber.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone Number: _____

**Oakwood School District #76
Seizure Action Plan**

Student's name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Treating provider: _____ Phone: _____

Significant Medical History: _____

Seizure Information

Seizure Type:	Length:	Frequency:	Description:

Seizure triggers or warning signs: _____

Student's response after seizure: _____

Emergency medication Name: _____ **Dose:** _____

Route: _____ **Instructions/side effects:** _____

Green Zone Less than 2 minutes	Yellow Zone 2 to 5 minutes	Red Zone More than 5 minutes
<ul style="list-style-type: none"> • Begin seizure first aid • Closely observe child until recovered • Notify parent/guardian • Return student to class after recovered 	<ul style="list-style-type: none"> • Continue seizure first aid • Call for help • Prepare to administer medication • Closely observe until recovered • Notify parent/guardian and send home/keep at school per parent 	<ul style="list-style-type: none"> • Contine first aid • Administer emergency medication if ordered and available • Call 911 • Monitor respirations & heart beat; start CPR if needed • Notify parent/ guardian

Basic seizure first aid:	A seizure is an emergency when:
<ul style="list-style-type: none"> • Stay calm and keep child safe • Do not restrain or put anything in the mouth • Protect head • Keep airway open and turn to side • Record length of seizure • Stay with child until fully recovered 	<ul style="list-style-type: none"> • Convulsions last longer than 5 min • Repeated seizures without regaining consciousness • Child is injured or diabetic • First time seizure • Child has difficulty breathing • Seizure in water

Physician Signature: _____

Date: _____

Parent Signature: _____

Date: _____