



Emergency Seizure Medication – Medical Order Form

Student Name _____ Birth Date _____
School _____ Grade _____ School Year _____
Parent/Guardian _____ Day time phone _____
Parent/Guardian _____ Day time phone _____

This form must be completed and signed by the licensed prescriber and the parent/guardian, each school year (Includes Extended School Year/Summer Programs), for emergency medication to be given in the school setting. The School nurse may confer with the medical provider.

Parent / Guardian Signature _____ Date _____

Medical Prescriber, please complete the following:

Name of Medication _____

Dosage _____ Route of administration _____

Re-administration order, if applicable _____

When to administer:	Call 911 if:
<input type="checkbox"/> Absence seizure lasting longer than ____ minutes. <input type="checkbox"/> Generalized tonic / clonic seizure lasting longer than ____ minutes. <input type="checkbox"/> Cluster seizure activity: ____ or more seizures in ____ hour. <input type="checkbox"/> Other seizure activity (indicate type): _____ _____ lasting longer than ____ minutes.	Note: WV Dept. of Ed. policy - 911 is called when Emergency Seizure Medication is given in the school setting/transportation.

May this medication be administered by unlicensed trained personnel? Yes No (circle one)

Licensed Prescriber's Signature _____ Date _____

Prescriber's Name Printed _____ Phone _____

Fax _____

Medication Guidelines for Emergency Seizure Medication

1. The following medication guidelines are used by Berkeley County Public Schools. These guidelines enable the school nurse and staff to provide the best possible service to your child.
2. In order for the medication to be given at school, the medication must be accompanied by a properly completed order form (side one).
3. The school nurse will call the prescriber, as allowed by FERPA, if a question arises about your child and / or child's medication.
4. Medication must be in the original container from the pharmacy and labeled by the pharmacist or prescriber. It is important to make sure the container has a current expiration date on it.
Staff may not dispense outdated medication.
5. An adult must bring the medication to school. No medication will be sent home with a student, unless the student is transported with a designated adult. In that case, the medicine will be signed out / in to that adult.
6. Emergency medications transported on a bus will be signed out/in per protocol to a designated adult. Medication **must** accompany student to be transported.
7. All medication will be kept locked in the school. Every attempt will be made to notify you in advance when your child's medication is near its expiration date.
8. It is important that your child takes his / her regularly scheduled seizure medications at home, as prescribed by his / her medical provider.
9. The parent / guardian should notify the School Nurse of any change in seizure medication at home and /or any seizure activity that may have occurred outside of the school day.

Parent / Guardian Signature _____ **Date** _____