I.T.M. WELLNESS CLINIC

AUTHORIZATION FOR CARRYING/ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION

(Use a separate authorization form for each medication)

Student's Name ____D.O.B. ____________________ Sex ________

Home room Teacher ____________________________ School ______________________________ Grade_______

The above named student has seizures and may require the following emergency medication for relief of refractory seizures (lasting longer than ______seconds/minutes)

Name of medication, dosage, and route of administration____

Reason(s) to give medication____

Possible side effects of medication____

Comments ____

Provider's Consent for Student to Carry Emergency Seizure Medication

__ It is my professional opinion that ____ **should be allowed to carry** his/her **emergency seizure medication** for immediate availability to trained principal designee if needed.

__ It is my professional opinion that ____ **should not be allowed to carry** his/her emergency seizure medication, therefore, medication should be **kept in a designated area** at school and **carried by principal designee to activities outside of the classroom** during school hours and **on field trips** for administration, if needed.

__ **Parent/Guardian will be responsible for having medication available when child is attending after school activities with them or their designated custodial person.**

__________________________________ ____ ___________________

Physician's Printed name Physician's signature Date

For Completion by Student's Parent/Legal Guardian

Is child authorized by parent/guardian to carry own emergency seizure medication? __ Yes __No

As the parent/Guardian of the above named student, I ask that the nurse or trained principal designee be allowed to administer medicine(s) indicated above to my child at school, during school sponsored activities, and on field trips. Authorization is hereby given to release this information to appropriate school personnél and classroom teachers.

_________________________________ ____________ ____

Parent/Guardian Signature **Date** **Emergency Contact Ph. Number(s)**