

**Arlington Public Schools
Health Services
Procedure for Administration of Emergency Seizure Medication**

STUDENT _____ DOB _____

If needed for a prolonged or cluster seizure, emergency medication will be administered to your student according to the written order of their physician.

A signed parent medication permission form, a written physician authorization, a signed Procedure for Administration of Emergency Seizure Medication form, and a Seizure Action Plan are required **prior** to administration. There will be **no** exceptions.

The emergency medication will be administered by a school nurse or other designated school personnel who have successfully completed training on the procedure for giving this medication.

If the emergency medication is administered, **911** will be called immediately.

If the emergency medication is administered, the student will not remain at school for observation.

When the emergency medication is administered, close monitoring of the student's respiratory and seizure activity is necessary. If parents are not on site, the student **will be transported** to the hospital by EMS.

Parent/Guardian will be contacted as soon as possible.

Parent Contact

Telephone Contact

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

The emergency medication, with current expiration date, will be stored in the school health office and will not be transported to and from school daily. If your student has a seizure while being transported on a school bus, the emergency medication will not be given. Transportation services will call **911** and the student's school who will notify parent/guardian. The emergency seizure medication may be administered on field trips with parent/guardian permission.

My student may receive Emergency Seizure Medication while on field trips according to their Seizure Action Plan. YES _____ NO _____

I have read the above procedure for administering Emergency Seizure Medication to my child.

Parent/ Guardian _____ Date _____