

**Physician Order
Emergency Seizure Medication**

Student Name _____ DOB _____ Date _____

Medication: _____ Dose: _____

Frequency: _____ Route: _____

As per the above student's Seizure Action Plan, the above medication is ordered for:

- Refractory Seizures (Seizures not controlled by anti-seizure medication)
- Prolonged Seizures Cluster Seizures Other

As per Y.A.L.E. policy 911 EMS will be called anytime an emergency seizure medication is administered.

In recognition that the State of New Jersey's Nurse Practice Act does not allow delegation of the administration of Emergency Seizure Medications and that only trained medical professionals may administer Emergency Seizure Medications in the school setting:

Please check one:

- Student must be accompanied by a health care professional on all out of school field trips.
- Student may be accompanied by teaching staff who have been given training on seizure first aid by the school nurse and have reviewed the student's Seizure Action Plan, which will be taken on all field trips.

In the event that a trained medical professional is not available, teaching staff will:

1. Institute First Aid protocol as per Seizure Action Plan
2. Immediately call EMS 911
3. Supply EMS Personnel with Seizure Action Plan
4. Notify parent/guardian

When it is determined, by the student's treating neurologist, that the need for the use of the above emergency medication in the school is no longer needed, the school nurse must be notified in writing and this medication order will be discontinued.

Signature of Physician

Date

Stamp

I understand that as the parent/guardian authorizing emergency administration of the above medication, I will notify the school nurse or school administrator if the above emergency medication has been administered at any time while the my child has not been present at school. Such notification shall be given after administration of medication, before or at the beginning of the next school in which the student is in attendance. I also understand that I must notify the school nurse of an changes or additions to my child's daily medications. Y.A.L.E. School will not be held liable for any adverse reactions that a student has, especially when knowledge of new medications or emergency medications are given at home is not shared with the school nurse or administrator by the first day the student returns to school following home administration.

Parent/guardian signature

Date