

NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT

Seizure Action Plan

To Parents/Guardians of Children with Seizures:

The Mississippi Legislature has passed an act that permits school students to carry emergency seizure medications. This means that a student can keep their medication, (Diastat), at school for immediate availability, if needed, provided the following conditions have been met:

1. The parent must provide written consent for student to carry medication (when applicable), and authorization for nurse or trained principal designee to give emergency seizure medication.
2. A written statement from the student's doctor, physician assistant, or nurse practitioner indicating the following:
 - The student has Seizures
 - The name, purpose, and prescribed dosage of the medications
 - Time, circumstances of when student is to receive medication. AND
3. The student must receive instructions from nurse on responsibilities of carrying medication and sign a Student Agreement Form on guidelines/safeguards for carrying emergency medication.

Please bring medication to nurse and have child with you, when possible.

Please note: North Bolivar School District, it employees and agents will not be held liable for any injury sustained by the student who has self-administered seizure medications.

I acknowledge receipt of the terms and condition of the circumstances in the above information. I agree to hold the school harmless for claims and release the school, its employees, and agents from liability for any injury sustained by student as a result of self administering seizure medication.

Signature of Parent/Guardian

Name of Student

Date: _____

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 personnel and classroom teachers.

Parent/Guardian Signature

Date

Emergency Contact Ph. Number(s)