

WILLIAM S. HART UNION HIGH SCHOOL DISTRICT

21380 Centre Pointe Parkway, Santa Clarita, CA 91350-2948

Physician Orders to Assist in the Delivery of Seizure Medication During the School Day
Diastat Action Plan

In accordance with California Education Code section 49423, this form must be completed by an authorized California healthcare provider and be on file for any student who requires medication(s) during the regular school day.

School School Phone Number Health Office Extension School Fax Number

Last Name of Pupil First Name Grade Date of Birth

Authorized California Healthcare Provider to complete the following: (California licensed physicians, surgeons, dentists, optometrists, podiatrists, nurse practitioners, nurse midwives, and physician assistants-California Code of Regulations, Title 5, sections 601[a]).

Diagnosis Name of Medication

Dosage Time to be Given Route

Discontinue medication on (date)

Authorized Healthcare Provider Name (print) Signature Date

Phone Number Fax Number NPI Number

Observe and Monitor Daily for Sign/Symptoms (S/S) to watch for:

- Abrupt arrest of activity, characterized by involuntary jerking & loss of posture and control.
- Pale or ashen skin color.
- Eyes may deviate from center position or may roll back in head or move side to side.
- Possible loss of bladder or bowel control.
- Drooling, lip smacking or teeth grinding and/or clenching.

Intervention:

- Ease student to floor if possible, clear area of hazards, and place soft item under the head.
- Place child in side-lying position if possible.
- Give Diastat according to physician orders above.
- Call 911.
- Notify District Nurse and Parent.

Parent/Guardian Authorization to complete the following:

I authorize the credentialed school nurse or other licensed healthcare provider (RN, LVN), trained Health Technician, or trained unlicensed volunteer school employee to assist in the delivery of medication as directed by the authorized health care provider. I understand that the school nurse has my permission to communicate with the prescribing licensed health care provider on matters related to this medication.

Parent/Guardian Name (print) Signature Date

Additional Requirements:

Medication will not be given until this form is completed and on file in the school health office. A parent/guardian must bring the medication to the school and pick up any outdated unused or for home use medication. All medication must be in a container labeled by a pharmacist or prescribing physician. A current medication form must be on file. A new form for each medication must be completed and on file for each school year. Parents/Guardians must provide all materials or necessary equipment for medication administration. A copy of this medication order must be provided by the physician to the school nurse, Changes in prescribed dose and other details of medication administration must be provided to the school nurse, in writing, by the delegating physician. All medication not picked up by a parent/guardian on the last day of school will be discarded in accordance with district policy.