



TEMECULA VALLEY UNIFIED SCHOOL DISTRICT

School Year: _____

PHYSICIAN'S AUTHORIZATION FOR DIASTAT ADMINISTRATION

SCHOOL SITE: _____ FAX# _____

NAME OF STUDENT	Date of Birth	Grade	School
-----------------	---------------	-------	--------

Education Code 49423 authorizes that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement.

- The parent or adult representative designated by the parent must bring all prescribed medications to school in its prescription-labeled container.
- Parent/guardian may pick up unused medications at the close of the school year. Medication remaining after the last day of school will be properly discarded.

Medication prescribed by an authorized health care provider, including, but not limited to, emergency antiseizure medication for a student who suffers epileptic seizures, may be administered by the school nurse or other designated school personnel only when the Superintendent or designee has received written statements from both the student's parent/guardian and authorized health care provider. (*Education Code 49414.7, 49423, 5 CCR 600*)

Diastat Administration

- Temecula Valley Unified School District requires the administration of the first dose of diastat to be administered at home if the student is taking Phenobarbital.
- Diastat is not to be used to treat more than five (5) episodes per month and no more than one episode every five (5) days.
- 911 will be called following Diastat administration

I. PRESCRIBED MEDICATION REQUIRED TO BE ADMINISTERED DURING SCHOOL HOURS (THIS SECTION IS TO BE COMPLETED BY PHYSICIAN)

- Student has previously received Diastat without adverse effects. Date: _____ (MD Initials) _____
- Transportation: Diastat is not to be administered on the school bus. (MD Initials) _____

Temecula Valley Unified School District requires the administration of the first dose of diastat to be administered at home if the student is taking Phenobarbital.

Name of medication:	Dosage
Frequency of Diastat Administration	Specific description of seizures requiring Diastat Administration
Length of seizures requiring Diastat Administration	Route of administration
Number of Cluster Seizures _____ within _____ minutes	Specific description of Cluster Seizures
Precaution-possible untoward reactions	Date to be discontinued
Name of physician (Please print)	Physician's telephone number Fax number
Physician's signature	Date

II. THIS SECTION IS TO BE COMPLETED BY PARENT/GUARDIAN (PARTS I AND II MUST BE COMPLETED)

I give permission for my child to receive the above medication at school according to the district board policy and administrative regulations, and agree to release, indemnify and hold harmless Temecula Valley Unified School District, its *board* member, officers, agents & employees from lawsuits, claims, demands, actions or expenses that may arise against them for administering medication as set forth in accordance with the provision of part I above.

- I understand that Diastat may be administered by the school nurse or other designated trained unlicensed school personnel. (*Ed Code 49414.7, 49423*)
- I agree to allow communication and the exchange of pertinent medical information between medical providers and the School Nurse involved with my child's medical care.
I will notify the Health Office/ School Nurse immediately if Diastat is administered to my child outside of the school setting, health status of my child change, change in physician(s), or change or cancellation of the medication.
- I understand that I may terminate consent for such administration of medication at any time, in writing.

Signature of Parent/Guardian: _____ Relationship: _____ Date: _____