

**Northside Independent School District
Health Services**

Physician's order for the administration of Diazepam (Diastat) rectal gel in the school setting

Student's Name: _____ DOB: _____ Weight: _____

Medical diagnosis/condition: _____

Diazepam rectal gel dose: _____

- Indications for treatment: _____
- Side effects known/expected for this student: _____
- Action to be taken if a child has a bowel movement/expels medication: _____
- Indication when Diastat should **not** be given: _____

Northside ISD procedure is to call 911 for:

- Tonic-clonic seizure lasting longer than 5 minutes
- Repeated seizures without regaining consciousness
- After initial administration of Diazepam rectal gel on a student who has never received the medication

Please explain in detail circumstances where it is **not** necessary to call 911:

** The School Nurse will continue to call 911 if the student's condition indicates the need.

**If a seizure should occur while the student is being transported on the school bus, or on a field trip/off campus, 911 will be called and basic seizure first aid will be provided. The school administrator may also designate an unlicensed school employee, if available, to administer Diazepam when a student is on a field trip/off campus. Unlicensed school employees are trained by the school RN. Please specify your recommendation as to whether this student's medical condition necessitates PRN Diastat administration at all field trips/off campus activities:

Physician (print/stamp): _____ Phone: _____

Signature: _____ Date: _____ Fax: _____

I request and authorize Northside ISD to administer the above medication as prescribed.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

Emergency phone number: _____ Emergency phone number _____