

St Lucie Public School-Division of Student Services  
PHYSICIAN AUTHORIZATION FORM FOR Seizure Emergency Medication  
Seizure Emergency Action Plan

**Part I:** (to be completed by physician's office)

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

The above-named student has a history of seizures and must have the following emergency medication available and ready for use at school.

Seizure Type: \_\_\_\_\_ Average length of Seizure: \_\_\_\_\_

Frequency of Seizures: \_\_\_\_\_ Possible Triggers: \_\_\_\_\_

Last Known Seizure: \_\_\_\_\_

Warning and/or behavior changes prior to a seizure: \_\_\_\_\_

Description of Seizures: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage** \_\_\_\_\_ **Route:** \_\_\_\_\_

**When to administer:**

( ) As soon as a seizure begins OR ( ) For a seizure lasting longer than \_\_\_\_\_ minutes

( ) If \_\_\_\_\_ or more seizures happen within one hour

**Call 911 If:**

Emergency seizure medication is administered

Student has trouble breathing

Seizure lasts longer than 5 minutes

Student has repeated seizures

Student is injured

**Basic Seizure First Aid:**

Keep the student safe

Turn the student on their side for tonic-clonic seizures

Keep the airway open and monitor breathing

Document on a seizure observation form

Do not restrain the student or put anything in his/her mouth

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

**Part II:** (to be completed by parent/guardian)

I authorize the principal or principal's designee to administer the medication for my child. I certify that the prescribed medication is in its original container and that it is medically necessary, according to my physician's instructions, for this medication to be provided during the school day and when my child is on a field trip for educational purposes (which can extend beyond normal school hours). I understand this medication will be given only according to the directions on the Physician's Authorization Form. I understand that it is my responsibility as the parent/guardian to provide the medication and Physician Authorization Form annually at the beginning of the school year and to replace it when it is expired. I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

Health Paraprofessional: \_\_\_\_\_

\_\_\_\_\_  
Date

Principal: \_\_\_\_\_

\_\_\_\_\_  
Date

Registered Nurse: \_\_\_\_\_

\_\_\_\_\_  
Date

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**PARENT INFORMATION SHEET ON SCHOOL MEDICATION POLICY**

If a student requires that medication be administered at school during the school day, FL Statutes and SLPS policy requires written authorization from a parent/guardian and the student's health care provider for both prescription and over-the-counter medications.

- The physician authorization form, on the reverse side of this document must be entirely completed by the health care provider. The prescribing health care provider and the parent/guardian must sign and date the authorization before any medication can be given at school.
- Administration of medication during school hours should only occur when medication schedules cannot be adjusted to provide administration at home. School personnel will only administer medication to students who meet the following criteria: those with long-term or chronic disabilities; those with acute conditions, those with learning disabilities that need medication to improve performance at school or those who have a SLPS Physician Authorization or Diabetes Medical Management Plan from their healthcare provider explaining the necessity for the prescribed medication to be provided at school.
- Medications not approved by the Food and Drug Administration (FDA) such as herbal products, oils, elixirs, vitamins, and natural products etc. will not be administered by school personnel; this includes medical marijuana.
- Parents or legal guardians may come to school and give medication to their child after checking in at the front desk and or health room. The only exception is medical marijuana, please refer to SLPS policy for additional information and your school principal.
- All physician authorizations are good for the entire school year including summer school unless an earlier end date is designated. Physician authorizations for a new school year cannot be dated during the last school year.
- Prescription medication must be delivered to the school by the parent/guardian in the current original container as dispensed by the pharmacist. Non-prescription medications must be in their original bottle with label intact. The non-prescription medication must be unopened. Only a 30-day supply can be received by the school.
- The parent must provide any equipment or supplies needed for medication administration such as spacer for inhalers.
- Medication cannot be administered at school if either the discard after date on the pharmacy label or the manufacturers expiration date has passed.
- It is the responsibility of the parent/guardian to cut medication in half or quarters in accordance with the medication dosage on the pharmacy label and physician authorization. If the medication needs to be crushed, placed in food, or poured from a capsule, clear concise directions must be written on the physician authorization by the health care provider. The parent/guardian must provide single serve food items such as apple sauce that is not expired.
- If a medication is expired, discontinued, or it is the end of the school year and the parent/guardian does not pick up the medication within one week (5 days) or the last day of school, the medication will be destroyed as per SLPS policy.
- If your child is authorized by your health care provider to self-carry emergency medications as detailed in FL Statutes and authorized by the parent/guardian; then a copy of the medication label with corresponding expiration dates, must be provided by the parent/guardian and will be placed in the medication book in the health room.

**Please see reverse side of this document for Physician Authorization for Medication**

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