



Clarksville-Montgomery County School System HEALTH SERVICES

PHYSICIAN'S ORDER FOR THE ADMINISTRATION OF DIASTAT IN THE SCHOOL SETTING

Student's Name: _____ D.O.B.: _____

1. Dosage: _____ Weight: _____

2. When should child be treated with Diastat (be very specific please): _____

3. Has the child ever received Diastat before and if so how did they react? (School Nurse will NOT give initial dose). _____

4. How long should the seizure last before Diastat is administered? _____

5. What side effects can be expected after the administration of Diastat? _____

6. What action should be taken if the student has a bowel movement or expels the medication? _____

7. Are there any conditions that would restrict Diastat being administered such as cold, respiratory infection or fever? _____

8. It is the policy of the school system that 911 will be called anytime Diastat is administered. If a seizure should occur when there is not a nurse available, either at school or on a school bus, our procedure would be to call 911. Any additional comments?

Physician's Signature/Licensed Healthcare Provider

Date

It is understood that the medication is administered solely at the request of the undersigned parent or guardian. It is also understood that the school nurse will not administer initial dose. School must have documentation from physician of how child reacted with initial dose (please see question 3 above). In consideration of the acceptance of the request to perform this service by a school nurse employed by the Clarksville Montgomery County School System, the undersigned parent or guardian hereby understand and agrees that the Clarksville Montgomery County School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent assistance in the administration of medication (T.C.A. 49-5-415).

Signature of Parent/Guardian

Date

PRINT Parent/Guardian Name

Phone number