



DEPARTMENT OF SPECIAL EDUCATION

5839 Memorial Drive
Stone Mountain, Georgia 30083
(678) 676-1898
Fax (678) 676-1888

**PARENT NOTIFICATION OF DEKALB COUNTY SCHOOLS
PROTOCOL FOR ADMINISTRATION OF PREMEASURED SEIZURE RESCUE
MEDICATION**

School Year 20__ to 20__

STUDENT _____ DOB _____

If needed for a prolonged or cluster seizure, a seizure rescue medication will be administered to a student per the written orders of the student's physician.

A rescue seizure medication (ie, Diastat, Nayzilam, Valtoco, etc) will be administered by the school nurse or other school personnel who have received training on the procedure for giving this medication.

If a seizure rescue medicine is administered, **911** will be called immediately. When a seizure rescue medicine is given, close monitoring of the student's respiratory status and seizure activity is necessary. Once Paramedics arrive, they will determine if the student needs transporting to the nearest children's hospital or if the parents can monitor the child at home. If parents are not on site at the school the student **will be** transported to the hospital.

Parent/Guardian will also be contacted as soon as possible.

<u>Contact Names</u>	<u>Contact Phone Numbers</u>
1. _____	_____
2. _____	_____
3. _____	_____

If your child has a seizure on the bus, the bus driver or monitor will administer the emergency seizure rescue medication and notify dispatch to call **911**. When on field trips the teacher and paraprofessional, will administer the emergency seizure rescue medication and **911** will be called for transport unless the parent/guardian are onsite and the Paramedics determine the child is stable enough to be monitored at home.

I have read the above protocol for administering a **premeasured seizure medication** to my child.

Parent/Guardian

Date