



Health Services

**Woodland Joint Unified School District
Consent to Emergency Administration of Diastat**

To: Parent/Guardian and Attending Physician,

California Education Code section 49414.7, Title 5 of the California Code of Regulations sections 600-611 and 620-627 and Woodland Unified School District Board Policy [Board Policy: 5141.21] authorize emergency administration by school district staff of Diastat to students for the emergency treatment of seizures.

Emergency administration of Diastat is authorized only upon completion of the following written statements by the student's attending physician and parent/guardian.

Physician Authorization

Student Name: _____ Date of Birth: _____

I verify that _____ ("Student") has been lawfully prescribed and requires the use of Diastat (Diazepam Rectal Gel) in the emergency treatment of seizures.

Name of Medication, Dosage and Frequency: _____

Description of symptoms and/or events requiring emergency administration of Diastat (include frequency, type and duration of seizures):

Procedures required following/during an emergency administration of Diastat:

Post Diastat Administration Protocol: _____

This Authorization is valid only for the current school year (including summer sessions).

Physician Signature: _____ Date: _____
Print or Stamp Name, Address, Phone and Fax.



Health Services

Parental Consent

I, _____ ("Parent/Guardian") hereby request, and give consent for, Woodland Joint Unified School District ("District") staff to assist _____ ("Student") [Date of Birth: _____] in the emergency administration of Diastat during the regular school day, pursuant to the attached Physician's Authorization. I understand and agree as follows:

Initials

_____ Emergency administration of Diastat is authorized only upon completion of both the Parent/Guardian Consent and the Physician's Authorization. Both forms are valid for the current school year (including any summer sessions) only.

_____ I may revoke this consent at any time by providing the District Nurse with a dated written statement terminating my consent.

_____ "Regular school day" includes the instructional day, including time immediately before and after the instructional day, as well as during before- and after- school programs, field trips, co- and extra-curricular activities, and activities typically involving at least one overnight stay away from home.

_____ I am responsible for providing the District with all necessary supplies in proper containers, including valid medication and a disposable water proof pad.

_____ I am responsible for immediately advising the District Nurse of any changes in Student's health status and of the date and time of and reason for any administration of Diastat outside of the regular school day.

_____ In the event that a licensed medical professional is unavailable in an emergency situation, I request that a trained nonmedical volunteer administer Diastat. Nonmedical volunteers must be trained and supervised by licensed medical personnel pursuant to Article 4.5 of Title 5 of the California Code of Regulations.

_____ In the event that Diastat is administered, District staff shall contact me as soon as possible. District staff shall also call 911 and Student's physician.

_____ By signing below, I give consent for District staff to communicate directly with Student's physician, as may be necessary, to discuss his/her Physician's Authorization.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Number: (____) _____ - _____ (Home/Work/Mobile)