

**Jackson-Madison County School System**  
**310 North Parkway**  
**Jackson, TN 38305**

Dear Parent/Guardian,

In an effort to provide care to your student, we are sending home a packet of information from the “Guidelines for the Emergency Use of Anti-Seizure Medications in Tennessee Schools” which includes information about their seizures. Please complete the necessary forms and return to your school as soon as possible. The following are included in the packet:

**1. ROLE AND RESPONSIBILITIES of PARENT/GUARDIAN FORM**

Please keep this form for your records. It gives a list of the responsibilities that you have in regards to your student and their emergency anti-seizure medications. It specifically states that it is your responsibility to notify the school nurse in the event that the anti-seizure medication or any new prescribed or over-the-counter medication is given outside of school hours by the next school day. These medications may affect your student at school and we strive to provide the best care possible.

**2. NOTIFICATION FORM for PARENTAL ADMINISTERED MEDICATIONS OUTSIDE SCHOOL HOURS**

Only return this form if Diastat or any new medication is given to the student at home. This form should be returned if your child has a seizure outside school hours and is administered the anti-seizure medication or any new prescription or over the counter medication that is not regularly scheduled. It also states that Diastat can be given no more than every 5 days; therefore, it is very important that notice is given to the school.

**3. ACKNOWLEDGEMENT of PARENTAL RESPONSIBILITY FORM**

Please SIGN and RETURN to your student’s school. This form states that you have received and read the Role and Responsibility Form and that you agree with the contents of the letter.

**4. PARENT PERMISSION for FIRST TIME ADMINISTRATION of DIASTAT**

Please COMPLETE, SIGN, and RETURN to student’s school. This form reviews the side effects of Diastat and must be completed, signed, and returned in order for a school nurse to have permission to administer a **FIRST TIME** dose of Diastat during school hours.

If you have any questions or concerns, please contact your school nurse.

Thank you

Health Services Department

**Jackson- Madison County School System**

**310. North Parkway**

**Jackson, TN 38305**

**Role and Responsibility of Parent/Guardian**

This student's parent/guardian shall provide the school with the following information, supplies, and equipment:

- A written authorization to administer the medication at school with district's release of Pursuant to T.C.A. § 49-5-415. The school system authorization shall be kept on file in the office of the school nurse or school administrator/or designee.
- A written statement from the student's health care practitioner that includes the following information:
  1. The student's name
  2. Name and purpose of the medication
  3. Prescribed dosage
  4. Route of administration
  5. The frequency that the medication may be administered
  6. Detailed circumstances under which the medication may be administered
  7. A list of other medications student is taking, with emphasis on any medication that could increase or change the effects of Diastat
- The parent or guardian must deliver the medication to the school in an original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date. While the parent/guardian is present, the nurse will check to ascertain that the green ready seal is visible and correct dosage is locked into place. If the green ready seal has not been locked, the parent/guardian should return to the pharmacy with the medication to have the seal and dosage locked into place.
- Parent or guardian will be notified at least one (1) month prior to the expiration date of medication. The school nurse or administrator shall inform the student's parent/guardian of the need for medication in an original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date.
- The parent or guardian must replace expired medication prior to the expiration date. If not replaced by parent or guardian, then 911 will be called in the event of a seizure based on criteria for use of the emergency anti-seizure medication.
- The medication order is good for the entire school year unless rescinded in writing.
- A student's parent or guardian will notify the school administrator or school nurse if emergency anti-seizure medication or any new prescription or over-the-counter medication is given outside of school hours by the next school day.
- When 911 is called for treatment of seizures, it is at the parent or guardian's expense.

Reference:

**Guideline for Emergency Use of Anti- Seizure Medications in Tennessee Schools**

Tennessee Department of Health and Tennessee Department of Education 2009

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**Notification form for Parent-Administered Medication Outside School Hours**

- 1.) Pursuant to TCA, Section 49-5-415, subsection (g): and TN State Department of Health and Department of Education Guidelines, it is the responsibility of the student's parent/guardian to notify the school nurse and/or the school administrator in writing of the administration of any anti-seizure emergency medication or any over-the-counter medication that is not in the regular medication schedule. New or over-the-counter medications can change how the child's regular medications work. Since Diastat is not to be given more than every 5 days, it is important that notice be sent to the school the day after it is given at home.
- 2.) The school system cannot be held liable for any adverse reactions that a student has, especially when knowledge of new medications or Diastat that are given at home is not shared with the school nurse or school administrator by the first day the student returns to school following home medication administration.
- 3.) This form should be completed by the parent or guardian to record these medications.

Parent /Guardian will provide the following information:

**[If more than one medication is administered use a new form for each]**

Is the medication a prescription medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the medication an over-the-counter medication/herbal supplement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of medication \_\_\_\_\_

The amount of medication given \_\_\_\_\_

The time and date the medication was given \_\_\_\_\_

The route of administration \_\_\_\_\_

The reason the medication was given \_\_\_\_\_

\_\_\_\_\_

Was the medication given more than one (1) time \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain the time frame for administration and why it was given more than one time.

\_\_\_\_\_  
\_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

School use only:

Received by \_\_\_\_\_ (School Personnel) Total# forms rec'd \_\_\_\_\_ Date \_\_\_\_\_

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**Guidelines for the Use of Anti-Seizure Medication in Tennessee Schools**

**Acknowledgement of Parental Responsibilities**

I have read and acknowledge the Role and Responsibility of Parents/ Guardian and the Notification Form for Parent Administered Medications Outside School. I understand that if Diastat is administered by the school nurse, 911 and the parents will be notified according to the Individualized Health Plan I understand that the school nurse cannot administer Diastat more frequently than every 5 days. If a seizure occurs within 5 days 911 and the parents will be notified.

I also acknowledge that it is my responsibility as a parent/guardian to provide updated information about my child's health that may impact his or her seizure disorder, and to supply the school with the medication ordered by my physician.

I understand it is my responsibility as parent/guardian to assure that the medication is in date and not expired. 1 month prior to expiration, as the parent, it is my responsibility to provide the school with a current in date dose.

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Printed Student's Name

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Printed School Name

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Parent/Guardian Signature

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Date

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**DIASTAT OVERVIEW**

**PARENT PERMISSION FOR FIRST TIME ADMINISTRATION OF DIASTAT**

Diastat AcuDial (Diazepam Rectal Gel) is a medication that your child's doctor has prescribed to treat a prolonged/emergency seizure. When a seizure does occur, it can be extremely dangerous. The longer the seizure goes untreated, the more likely the risk of brain damage or death. Your child's doctor has prescribed Diastat AcuDial because he or she has judged that the benefit to your child is greater than the risk of side effects. The most frequent adverse side effect reported with the use of Diastat is drowsiness. Less frequent side effects include, but are not limited to dizziness, headache, diarrhea, anxiety, rash, and itching. The use of Diastat causes Central Nervous system depression that can result in decreased rate of breathing, decreased heart rate, and loss of consciousness possibly leading to coma or death. This medication may only be administered by a Licensed Practical Nurse or a Registered Nurse in the school setting.

Due to the risk of side effects, if your child has NEVER been given Diastat AcuDial, the Jackson-Madison County School System Nursing Department needs special permission from the parent/guardian to administer the FIRST DOSE OF Diastat AcuDial at school. If a licensed nurse is available at your child's school when an emergency seizure occurs, Diastat may be administered for the first time if a parent/guardian has signed the permission form for the school year. Upon administration of emergency anti-seizure medication, school officials will call 911 to provide necessary monitoring /or transport. When a nurse is not present, 911 will be called by school personnel. The parent is responsible for delivering the medication in the original container and picking up the medication. The Jackson-Madison County School System will not be held liable for any adverse reactions related to the administration of an emergency anti-seizure medication.

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Printed Student's Name

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Parent/Guardian Signature

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Printed School Name

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Date

PLEASE CHECK ONE:

\_\_\_\_\_ My child HAS BEEN GIVEN Diastat AcuDial in the past.

\_\_\_\_\_ I give JMCSS nurses permission to administer a FIRST DOSE of Diastat to my child at school.

\_\_\_\_\_ I DO NOT Give JMCSS nurses permission to administer a FIRST DOSE of Diastat to my child at school.

Reference: [www.diastat.com](http://www.diastat.com) [www.medicinenet.com/diazepam-rectal/page3.htm](http://www.medicinenet.com/diazepam-rectal/page3.htm)