

DeLand (386) 734-7190 Daytona Beach (386) 255-6475 New Smyrna Beach (386) 427-5223

Osteen (386) 860-3322

DIASTAT EMERGENCY CARE PLAN

			Date:	
DOB:	School:		Grade:	
Reason for Plan:		Allergies:		

This authorization is valid for this school year only unless earlier date is specified:

POSSIBLE EMERGENCY SITUATIONS:

IF YOU SEE THIS:	DO THIS:
Seizure last longer than 3-5 minutes	
	If student has an order for Diastat and is attending CBI or off campus event, 911 will be notified should the student experience a seizure lasting longer than 3-5 minutes. Diastat will not be given

If any of the above conditions are observed:

1. An adult is to stay with the student.

2. Notify the nurse: student's name, location of student, the problem.

- 3. The school nurse will assess the student and situation and decide on management.
- 4. If there is no school nurse available, the following are to be notified to determine management:

Emergency Information:

Student's Home Address:	Ph	ione:	
Mother:	Work#:	Home#:	
Father:	Work#:	Home#:	
Other Contact:	Work#:	Home#:	
Preferred Hospital:		Phone:	
Local Hospital Emergency Room:		Phone:	
Primary Physician:		Phone:	
Specialists:		Phone:	
		Phone:	

AUTHORIZATION:

□ Yes □ No I give permission for the physician and school district personnel to exchange pertinent information pertaining to this child's condition/progress.

Parent/Guardian		Date	Physician Signature	Date			
Administr	ator	Date	Nursing Supervisor Signature	Date			
Diastat Emergency Care Plan should be revised according to student's specific needs.							
Diastat Emergency Care plan forwarded to Transportation, Date:							