



**Neurology Department**  
**Physician/Parent Authorization for Administration of DIASTAT**  
**214-456-2768**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY THE MEDICAL PHYSICIAN:**

This student has been referred for consideration for continuation of Health Services. Nursing services are provided to students with disabilities who must have these services in order to benefit from instruction. The following is based on the medical records at Children's Health and the physician's knowledge of the student.

Diagnosis: \_\_\_\_\_ Student Age: \_\_\_\_\_ Student Weight: \_\_\_\_\_  
 DIASTAT® (diazepam rectal gel) dosage: \_\_\_\_\_ mg rectally PRN for:  
 • seizure longer than \_\_\_\_\_ minutes OR  
 • for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours

Side effects that can be expected after administration for DIASTAT are: \_\_\_\_\_

Action to be taken if the student has a bowel movement or expels the DIASTAT: \_\_\_\_\_

Other medication(s) currently used for seizures: \_\_\_\_\_

Why type of equipment should the parent provide in order for the procedure to be performed? \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

We (I) the undersigned, the parent(s)/guardian(s) of \_\_\_\_\_ request the above medication or procedure to be administered to our (my) child. We (I) authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Relationship Telephone Home/Cell Business

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Relationship Telephone Home/Cell Business

*Note: This prescription will be valid for one year pending changes in the student's medical condition (i.e. surgical intervention, etc.)*