



CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM
NOTIFICATION OF PARENT-ADMINISTERED EMERGENCY SEIZURE MEDICATION
OUTSIDE OF 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 medication that is not in the regular medication schedule. This is because **emergency seizure medications should not be given more than once in a specific amount of time depending on the medication.** New or over-the-counter medications may also change how the child's regular medications work.

2.) The school system cannot be held liable for any adverse reactions that a student has, but especially when knowledge of new medications or emergency medications 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 when these emergency seizure medications are given outside of school and returned to the school nurse. 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 the medication _____

The amount of medication given _____

The time and date the medication was given _____

The route of administration _____

The reason the medication was given _____

Has the student taken this medication before? _____ Yes _____ No

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: _____

For School Use Only

School Personnel receiving form: _____ Date: _____

Position/Title: _____ Total # of Forms: _____