

**ST. LUCIE PUBLIC SCHOOLS**  
**9461 Brandywine Lane**  
**Port St. Lucie, FL 34986**  
**772-429-4570**

PHYSICIAN AUTHORIZATION FORM  
DIASTAT (DIAZEPAM RECTAL GEL)

**Part I:** (to be completed by physician's office)

Date \_\_\_/\_\_\_/\_\_\_

ICD-9 \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

Name of student \_\_\_\_\_

The above named student has a history of seizures (type: \_\_\_\_\_)  
and must have the following emergency medication available and ready for use at school.

Description of Seizures: \_\_\_\_\_

**Emergency treatment (please check ALL that apply):**

Diastat (diazepam rectal gel) _____ mg rectally as needed: as soon as a seizure begins <b>OR</b> for a seizure lasting longer than _____ minutes <b>AND/OR</b> if _____ or more seizures happen within one hour
--

**Please choose one:**

<p>The Diastat medication must be in the possession of a trained adult who will be with the child throughout the school day, including the school bus ride. This means the student will ride a specialized bus that includes a bus aide who will be trained to administer the emergency medication.</p> <p><input type="checkbox"/> The Diastat medication must be in the possession of a trained adult who will be with the child throughout the school day but <u>does not</u> need to be available during the school bus ride. This means if the student rides a bus there <u>will not</u> be an adult on the school bus who is trained to give the emergency medication.</p> <p><input type="checkbox"/> The Diastat medication will be stored in the school clinic and will not be available during the school</p>
---

Trained school/bus staff will administer the DIASTAT. 911 will be called if/when the DIASTAT is used.

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Date Received by School \_\_\_/\_\_\_/\_\_\_