



**Florida Department of Health in Miami-Dade School Health Program
Roles and responsibilities: Seizure Disorder**

Student: _____ ID# _____ Grade: _____ DOB: _____
 Teacher(s): _____ School Year _____

Responsibilities and Agreements		
School	Family	Student
Medication and supplies kept: Clinic Main Office Classroom Student Book Bag Other: _____	Provides medication and supplies for school site. Pick-up and replace any expired medication Med Name/Exp Date: _____ Med Name/Exp Date: _____	Report any early signs and symptoms of seizure onset
UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond): _____ _____	Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information Any change in the medication regimen requires new medication authorization forms.	Wear a medical identification tag or jewelry
Administration to contact 911/parent/guardian in case of an emergency	Parent or designated adult, as noted on the emergency contact card, to respond to school when called	
Administration and/or security to direct EMS to the emergency		
CPR Certified Staff: _____ _____		
Security/Teacher to carry school two-way radio and/or have emergency intercom access		
Follow Emergency Action Plan. If no plan is submitted, call 911 and parent/guardian		
Ensure all MDCPS staff that regularly interact with the student receive seizure training, as per House Bill 173		
Assign staff to administer medication on field trips, if applicable		

Parent/Guardian Signature

Principal/School Administration Designee

School Nurse

Date

Date

Date