



KELLER INDEPENDENT SCHOOL DISTRICT

The community of Keller ISD will educate our students to achieve their highest standards of performance by engaging them in exceptional opportunities.

Keller Independent School District Intranasal Midazolam (Versed) Administration Guidelines with Consent and Release

Student's Name: _____ Birthdate: _____

School: _____ Date: _____

This addendum to the Seizure Emergency Action Plan serves as guidelines for the administration of the drug, Intranasal Midazolam, and shall be in effect for the _____ school year. The addendum shall be an agreement between the undersigned parent/guardian of the above named student and the Keller Independent School District.

It is agreed:

1. Intranasal Midazolam will be administered by a school nurse or trained staff during the school day and/or on school sponsored activities.
2. The school nurse will review EAP and train staff member how to use Intranasal Midazolam while student is on school premises and/or on school sponsored activities. The school nurse will review prior to any school sponsored activities as necessary.
3. Due to the risk for respiratory depression related to medical delivery, anytime Intranasal Midazolam is administered on school premises and/or during a school sponsored activity, Emergency Medical Services (EMS) and the parent/guardian will be called.
4. If EMS is called, but does not transport the student to the hospital, the parent/guardian or a designated emergency contact will immediately be required to pick up the student from school.
5. Keller Independent School District will not be responsible for any side effects, drug interactions, or any other undesired effects that are caused by Intranasal Midazolam.

Parent and/or Guardian must supply the following BEFORE Intranasal Midazolam can be administered:

1. Keller ISD Medication Authorization Form
2. Intranasal Midazolam (Versed) Administration Guidelines Form
3. Complete written orders, including protocol for administration, from physician prescribing Intranasal Midazolam

My signature below indicates that I am requesting that Intranasal Midazolam, prescribed for the above named student, be kept at school in compliance with the above guidelines. I agree to notify the school immediately if there are any changes in the prescribed use of the medication. By signing I also agree to keep the school updated with current physician's orders and emergency contact numbers.

In consideration for the above, the receipt and sufficiency of which is hereby acknowledged, I, by my signature affixed below, acting for myself, my agents, heirs, beneficiaries, trustees, executors, successors, assigns, administrators, attorneys and legal representatives, do hereby **RELEASE, ACQUIT AND FOREVER**

DISCHARGE the District, all of its employees, agents, trustees, volunteers, attorneys, and legal representatives, in their representative, official, and individual capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expense, of whatsoever kind or character, in tort **(INCLUDING NEGLIGENCE OR NEGLIGENT OMISSION)**, or in contract, that are created by or arise under state and federal statutes, constitutions, or the common law, whether known or unknown, which may in any manner arise from or relate to the activity. I hereby waive my rights to institute any action, claim or suit against and/or recover compensation, benefits, or damages from the District and/or the above-described persons and entities, and covenant and agree not to sue any such persons or entities regarding such claims in any court or tribune and not file or aid in the institution or prosecution of any action, lawsuit, or cause of action (whether or not by direct action, counterclaim, cross-claim, or interpleader) regarding any claim released herein. Nothing in this document waives or otherwise alters the District's defenses, immunities, or other rights provided to it by law.

Signature of Parent

Date

Printed Name of Parent