

Name of Student:			Date of Birth: Grade:		
			mgs. in the event of seizure activity as describe		ed:
	nt's DIASTAT®dosa nt's resting breathi				
	nt's current weight	•	<u>nt is still the s</u>	ame as when DIASTAT®was prescribed	
1.	Give Diastat:	☐ At onset of seizure		_minutes after onset of seizure.	