DIASTAT Procedure Form Health Services

Student:	Gr/Teacher: _		DOB/Age:	
Em Emergency Contact #2:			Relationship	Phone
Emergency Condict #2.	Name		Relationship	Phone
D 1 C A1 ' ' / /'	: D: D-	4 1 M 1' 4' (D'	4 4)	

Procedure for Administration of Diazepam Rectal Medication (Diastat):