AUTHORIZATION TO GIVE MEDICATION: Glucagon

Medications will be given at school only with written permission from the child's parent(s) or legal guardian. Emergency medications must have written permission from the Health Care Provider to administer. In the event of a diabetes emergency, the following procedure should be followed by a school nurse or designated trained personnel. Signed permission will expire at end of school year.

Student's name_____Date of Birth_____

If child becomes unconscious or a seizure occurs, activate the following EMERGENCY PLAN OF ACTION:

EMERGENCY PLAN OF ACTION

1. Call EMS (911)
2. Administer emergency medication*
      Medication:_____
      Dosage:_____
      Route:_____
2. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
3. Notify parent/guardian.
4. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

Glucagon should be: ☐ kept with child ☐ kept in front office ☐ available during bus transportation ☐ other

Signature of MD, ARNP, or PA_____Date_____

Primary Care Provider_____
      Address_____
        Phone_____

I give permission for myself/my child to receive the above medication at school according to school policy and expressly waive any liability on behalf of the school or health department as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the request for medication to be followed. My signature will give permission for exchange of verbal and written communication between the Health Care provider and the school nurse regarding my child's medical regime. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above under Emergency Plan of Action, to my child.

Signature of Parent/Guardian _____ Date_____
      Home phone_____
      Work phone_____
      Emergency contact name_____
      Phone Number_____