Billings School District

STUDENTS

Administering Medicines to Students

Documentation for Parent Designated Volunteer to Administer Glucagon

Name of Student: ___________________________________ DOB: ___________________

Emergency Contact Name and Phone Number: ___________________________________

<table>
<thead>
<tr>
<th>The Law</th>
<th>District Procedure</th>
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</thead>
<tbody>
<tr>
<td><strong>20-5-412. Definition - parent-designated adult -</strong></td>
<td>SCHOOL DISTRICT STAFF PARTICIPATES ON VOLUNTARY BASIS ONLY. Principal must be notified of glucagon volunteer. Nurse must be notified of student with diabetes to develop health care plan.</td>
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<td><strong>administration of glucagon - training.</strong> (1) As used in 20-5-413 and this section, “parent-designated adult” means a school district employee, selected by a parent or guardian of a diabetic student, who voluntarily agrees to administer glucagons to the student.</td>
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<tr>
<td>(2) A parent or guardian of a diabetic student may designate an adult to administer glucagon to the student as provided in subsection (3).</td>
<td>STAFF MUST ALREADY BE ASSIGNED TO STUDENT’S LOCATION. Parent is solely responsible for seeking/selecting volunteer.</td>
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<td>Written proof of the designation by a parent or guardian and acceptance of the designation by the parent-designated adult must be filed with the school district.</td>
<td>SIGNATURES INDICATE PARENT SELECTION &amp; STAFF ACCEPTANCE. Making sure their child is covered with a glucagon volunteer at all times is the parent responsibility.</td>
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<td>(3) A parent-designated adult may administer glucagons to a diabetic student in an emergency situation. The glucagons must be provided by the parent or guardian of the student</td>
<td>GLUCAGON PROVIDED BY PARENT TO BE ADMINISTERED IN EMERGENCY SITUATION (911 WILL BE CALLED). Glucagon stored in accordance with double locked requirement.</td>
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<td>(4) A parent-designated adult must be trained in recognizing hypoglycemia and the proper method of administering glucagons. Training must be provided by a health care professional, as defined in 33-36-103, or a recognized expert in diabetic care selected by the parent or guardian. Written documentation of the training received by the parent-designated adult must be filed with the school district.</td>
<td>PARENT IS RESPONSIBLE FOR PROVIDING TRAINING BY A HEALTH CARE PROFESSIONAL. TRAINING PROVIDED MUST BE SPECIFIC TO THEIR CHILD. Training will not occur during class time.</td>
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<td><strong>20-5-413. Limits on liability.</strong> (1) A parent-designated adult who administers glucagons pursuant to 20-5-412 is not liable to a person for civil damages resulting from administering the glucagons unless the acts or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.</td>
<td>INDIVIDUAL STAFF ASSUMES LIMITED LIABILITY. Volunteer agreement is time limited to one school year. If student relocates within the district, this process must be initiated in new setting.</td>
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<tr>
<td>(2) The school district employing the parent-designated adult is not liable to a person for civil damages resulting from the administration of the glucagon unless the acts or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.</td>
<td>BILLINGS PUBLIC SCHOOLS ASSUMES LIMITED LIABILITY.</td>
</tr>
</tbody>
</table>

SIGNATURES OF PARTICIPANTS
Name of Student: _________________________________  DOB: _______________________

Parent’s Signature: ______________________  Today’s Date: ______________________

Name of Health Care Professional Providing Training: _________________________________
Signature: ______________________  Today’s Date: ______________________
Professional License Held: __________  Employer: _________________________________

Staff Signature/s/ (Indicates willingness to volunteer as designated by parent, completion of glucagons injection training, and notification of limited liability.)
Signature: ______________________  Today’s Date: ______________________
Signature: ______________________  Today’s Date: ______________________
Signature: ______________________  Today’s Date: ______________________
Signature: ______________________  Today’s Date: ______________________

APPROVAL OF School Principal for BILLINGS PUBLIC SCHOOLS
Principal’s Signature ______________________  Date: ______________________

ONE FORM PER CHILD  Original in principal’s file. Copy to be on file in District administration office.

Implementing Policy 3416  Administering Medicines to Students

Cross References:
Policy 6430  Development of Administrative Procedures
Procedure 3416-P1  Administering Medicines to Students Procedure

Legal References:
§ 20-5-412  Definition – parent-designated adult – administration of glucagon – training
§ 20-5-413  Limited on liability

Procedure History:
Issued by Superintendent on: February 28, 2005
Presented to Board on: March 21, 2005
Revised on: