Print Form Save Form

Date_____

Glucagon Authorization Form

In Accordance with Utah Code 53A-11-603

Name of Student _____Date of Birth _____

Name of School _____Grade _____

I _____ parent/guardian (circle one) of above student certify that glucagon medication has been prescribed for him/her. I request that the student's public school identify and train school personnel who volunteer to be trained in the administration of glucagon medication in accordance with Utah Code 53A-11-603. I authorize the administration of glucagon medication in an emergency to the student in accordance with Utah Code 53A-11-603.

Parental Responsibilities:

- The parent or guardian is to furnish the glucagon medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the school and replace the glucagon medication within two weeks if the glucagon single dose medication is given.
- If a student has a change in his/her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent or guardian will complete an updated Glucagon Authorization Form before the designated staff can administer the updated glucagon medication prescription.
- The parent or guardian will complete, sign and deliver a Diabetes Medication Form if the student is to posses glucagon medication at all times

I give permission for the school nurse to contact my child's healthcare provider if clarification is needed to administer glucagon. I agree to meet the parental responsibilities listed above. ***I give permission for school personnel to release personal or medical information about my child in a health-related emergency situation if necessary.*** *I understand this completed and signed form authorizes designated school personnel to administer glucagon in emergency situations consistent with Utah Law.*

Parent Signature _____ Date _____

Phone Number _____ Emergency Number _____

Date _____

Utah Department of Health/Utah State Office of Education
Diabetes Medication Form
In accordance with Utah Code 53A-11-604

_____
Student Name Birth Date

_____
Address City State Zip

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer diabetes medication and be in possession of diabetes medication and supplies at all times. The medication prescribed for this student is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

_____
Signature of Health Care Provider Date

Parent/Guardian Authorization

☐ I authorize my child _____to carry prescribed diabetes medication and supplies.

☐ I authorize my child to self-administer and carry the prescribed medication described above consistent with the Utah Code 53A-11-604.

☐ I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences, including suspension/expulsion from school, for sharing any medications and/or supplies with other students or school staff.

_____
Parent/Guardian Signature Date