

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 \_\_\_\_\_