

# NELSON COUNTY SCHOOLS

## 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 physician 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 the end of the school year.

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

IF A 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** \_\_\_\_\_
3. Notify school personnel trained in CPR/First aid to stay with student and initiate CPR if needed prior to EMS arrival.
4. Notify parent/guardian.
5. If child needs to be transported via EMS, a parent or school representative will meet student at the hospital.

Glucagon should be:  kept with the child  kept in the 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 and waive any liability on behalf of the school. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication. My signature will give permission for exchange of verbal and written communication between the physician and the school nurse/health staff regarding my child's medical regime.*

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home phone** \_\_\_\_\_

**Work phone** \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_

**Phone number** \_\_\_\_\_