



Circleville City Schools

Request for Administration of Glucagon/GlucaGen Injection by School Personnel

Student's Name: School/Grade/Teacher:

- The student's Ohio licensed health care prescriber must complete and sign Section I of this form at the beginning of each school year.
Parent/guardian must complete and sign Section II of this form at the beginning of each school year.
This completed form must be on file in the student's health record before prescription medication will be administered by school personnel.

I. Prescriber's Section

Prescriber's name/title (printed): Phone:

This is to certify that the student named above is under my care and may need to have Glucagon/GlucaGen administered by school staff in the event the student is (please mark all that apply):

Seizing Unable to swallow Unconscious Other (list)

Dosage (please check): 1/2cc (.5 ml) OR 1cc (1.0 ml)

Adverse reactions that should be reported to the prescriber:

Storage instructions:

Other special instructions:

I understand this medication may be administered by a medically unlicensed but nurse-trained staff member, and that 911 will be called whenever Glucagon/GlucaGen is given. In addition, for my patient, I would like to add:

Starting date for order: Ending date for order:

Prescriber's signature/title: Date:

II. Parent/Guardian's Section

I hereby request and give my permission for school district personnel to administer the prescribed Glucagon/GlucaGen to my child in accordance with the specific written instructions of our medical provider. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of the Glucagon/GlucaGen to the school clinic and will notify the school immediately if we change our medical provider or the need for Glucagon/GlucaGen is terminated.

The Glucagon/GlucaGen I have brought to school expires on:

I agree to submit a revised Request for Administration of Glucagon/GlucaGen Injection by School Personnel (form 5330 G F1) if anything changes.

I understand this medication can only be administered to my child by a school nurse or myself until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff is authorized to perform this task and 911 will be called whenever Glucagon/GlucaGen is given.

I agree to provide a separate Glucagon/GlucaGen to school staff supervising my child's extracurricular activities.

Parent/Guardian signature: Date:

Home address: Daytime phone: