

Authorization For Glucagon Administration By Non-Nurse School Personnel

Student's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Authorized School Personnel: _____

I, _____, hereby
authorize

(Parent/Guardian)

_____ to administer glucagon in an
(Authorized School Personnel)

emergency for my child, _____. Training to
administer glucagon must comply with NJ P.L., 2009, Chapter 131 and be carried out by the school
nurse or other qualified healthcare professional for the exclusive purpose of providing emergency care
in the absence of my child's school nurse.

Once training is completed appropriately, _____, will
be

(Authorized School Personnel)

authorized to administer glucagon to my child in the event of a hypoglycemic emergency in the
absence of my child's school nurse. This information should be included in my child's individualized
emergency care plan which is monitored by his school nurse.

Sincerely,

X _____
Signature of Parent/Guardian

Date