## **Diabetes Medication Administration Form**

**Instructions**: This form is updated annually to document physician approval regarding the following:

- Administration of glucagon by school staff
- Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)
- Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)

Student Name:	Date of Birth:
School:	Care Card Number:
Parent/Guardians' Name(s):	
	Cell Phone:
Glucagon (GlucaGen® or Lilly Glucagon™)	
For severe low blood glucose, give by intr	ramuscular injection:
$\square$ 0.5 mg = 0.5 ml for students 5 years of age and under	
$\square$ 1.0 mg = 1.0 ml for students 6 years of age and over	
Insulin (rapid acting insulin only)	
Insulin delivery device:  insulin pump insulin pen	
Note: The following cannot be accommodated when insulin administration is being delegated to a school	
staff person via pump or pen:	
Overriding the calculated     Entering an altered carbo	dose phydrate count for foods in order to change the insulin dose
Changing the settings on	
Deviating from the NSS I	
For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:	
Bolus Calculator Sheet	
<u> </u>	glucose for consistent carbohydrates consumed
☐ InsuLinx® Meter	
Parent/guardian authority to adjust insulin	dose for bolus calculator sheet or sliding scale:   Yes   No
For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).	
(	,
☐ I agree the student's diabetes can be safely managed at school within the above parameters	
Physician Signature:	Date:
Physician Name:	Clinic Phone Number: