## **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):	
Home Phone:	Cell Phone:
Glucagon (GlucaGen® or Lilly Glucagon™)	
For severe low blood glucose, give by intramuscular	-
$\Box$ 0.5 mg = 0.5 ml for students 5 years of age and	
$\square$ 1.0 mg = 1.0 ml for students 6 years of age and	over
Insulin (rapid acting insulin only)	
Insulin delivery device: 🛛 insulin pump 🔲 insulir	i pen
Note: The following cannot be accommodated whe	n insulin administration is being delegated to a school
staff person via pump or pen:	
Overriding the calculated dose     Entering an altered earbehydrate or	ount for foods in order to change the insulin dose
<ul> <li>Changing the settings on the pump</li> </ul>	function roods in order to change the insulin dose
Deviating from the NSS Delegated	Care Plan
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:	
□ Variable dose insulin scale for blood glucose for	consistent carbohydrates consumed
InsuLinx® Meter	
Parent/guardian authority to adjust insulin dose for t	oolus calculator sheet or sliding scale: $\Box$ Yes $\Box$ 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 m	anaged at school within the above parameters
Physician Signature:	Date:

Physician Name: \_\_\_\_\_Clinic Phone Number: \_\_\_\_\_