

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: _____ Other Phone: _____

Glucagon (GlucaGen® or Lilly Glucagon™)

For severe low blood glucose, give by intramuscular injection:

- 0.5 mg = 0.5 ml for students 5 years of age and under
 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 dose
- Entering an altered carbohydrate count for foods in order to change the insulin dose
- Changing the settings on the pump
- 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:

- Bolus Calculator Sheet
 Variable dose insulin scale for blood 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: _____ Physician Name: _____

Date: _____ Clinic Phone Number: _____