



Authorization For Glucagon Administration By Non-Nurse School Personnel

STUDENT'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

AUTHORIZED SCHOOL PERSONNEL: _____

I, _____, hereby authorize _____ to administer glucagon
(Parent/Guardian) (Authorized School Personnel)
in an emergency for my child, _____. Training to administer glucagon must
(Student)
comply with RI State Law 08243 and be carried out by a physician, physician's assistant, advanced
practice registered nurse, or registered nurse for the exclusive purpose of providing emergency care in
the absence of my child's school nurse teacher.

Once training is completed appropriately, _____ will be authorized to
(Authorized School Personnel)
administer glucagon to my child in the event of a hypoglycemic emergency in the absence of my child's
school nurse teacher. This information should be included in my child's individualized emergency care
plan which is monitored by his/her school nurse teacher.

Sincerely,

(Signature of Parent/Guardian)