

DESIGNATION AND ACCEPTANCE TO ADMINISTER GLUCAGON

As a parent, an individual who has executed a caretaker relative educational authorization affidavit, an individual who has executed a caretaker relative medical authorization affidavit, or a guardian of a diabetic student, I have designated _____ to administer glucagon to _____ only in emergency situations. I understand the designee must be an adult.

Signature

Date

As the parent-designated adult, I agree to administer glucagon in emergency situations to _____. I understand the glucagon must be provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, an individual who has executed a caretaker relative medical authorization affidavit, or the guardian of the student. I confirm that I have been trained in recognizing hypoglycemia and the proper method of administering glucagon. I have been trained by _____ on the _____ day of _____, 20__.

Signature of parent-designated adult

Date