

**MORRIS HILLS REGIONAL DISTRICT
EMERGENCY HEALTH CARE PLAN
FOR DIABETIC STUDENT WITH SEVERE HYPOGLYCEMIA**

This form must be completed by parent/guardian and student.

Student Name _____ DOB _____

Emergency Contacts:

Name/Relationship	Phone Numbers (Home, Work, Cell)		
1. _____ Parent/Guardian	1.) _____	2.) _____	3.) _____
2. _____ Parent/Guardian	1.) _____	2.) _____	3.) _____
3. _____ Emergency Contact	1.) _____	2.) _____	3.) _____
4. _____ Diabetic Educator/M	1.) _____	2.) _____	3.) _____

SECTION I – TO BE COMPLETED BY PARENT/GUARDIAN

A. Parent Authorization

I hereby give permission for my child to receive emergency glucagon at school as prescribed on the Healthcare Provider orders for Diabetes Management in School. I also give permission for the release and exchange of information between the school nurses and my child's health care provider concerning my child's health and medication. In addition, I understand that this information will be shared with school staff on a need to know basis.

_____	_____
Date	Parent Signature

B. Parent authorization for the administration of Glucagon by designees/delegates:

I give consent for the administration of Glucagon by the district delegates trained by the certified school nurse to administer Glucagon in the event that the school nurse is not present at the scene. I understand that the district and its employees shall have no liability as a result of any injury arising from the administration of Glucagon to my child and that the parents and guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of Glucagon.

_____	_____
Date	Parent Signature

C. Parent Authorization (for students with physician permission to self- manage diabetes in school) -

1. I understand that the district and its employees or agent shall incur no liability as a result of any injury arising from the self-management by the student of the prescribed diabetes plan and that I indemnify and hold harmless the district and its employees or agent against any claims arising out of the self-administration of plan by the student.

_____	_____
Date	Parent Signature

2. I give permission for my child to self-manage their diabetes as prescribed for the current school year as I consider him/her to be responsible and capable of self-management. Self-management activities might include testing blood glucose levels, administering insulin, and treating hypoglycemia or hyperglycemia. These activities require written authorization from the student's physician or advanced practice nurse. Self-management supplies must be kept and used in an appropriate manner within the school setting, using universal precautions. I understand my child is to keep the supplies for self-management with him/her at all times. All medication mentioned in the prescribed self-management plan must be in its original labeled container, at all times. Extra medication and supplies will be sent to school to be kept in the Health Office.

Date

Parent Signature

E. Parent Agreement to Notify School

I will notify the school at least 24hrs in advance if my child is going to attend a school sponsored event. In the event this does not occur I understand that a delegate may not be present to administer emergency Glucagon if necessary.

Date

Parent Signature

SECTION 11 – TO BE COMPLETED BY STUDENT

A. Student Agreement for Self-Administration –

- I understand and I will use this medication as directed by my physician.
- I will be responsible for carrying and using this medication as described while in school, on field trips, athletic events and at any other school sponsored event.
- I have been instructed on how to self-administer this medication and understand the side effects of improper use.
- I understand that my self-management supplies must be kept and used in an appropriate manner within the school setting, using universal precautions.
- I understand to keep the supplies for self-management with me at all times and that all medication mentioned in the prescribed self-management plan must be in its original labeled container, at all times.
- I am aware that I must report to the school nurse or delegate if there are any deviations from the parameters set in the self-management plan.

Date

Student Signature

Parent Signature

B. Student Agreement for Delegate

I understand that I will be assigned a delegate at school sponsored events.

Date

Student Signature

Parent Signature