

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: _____

Injectable Glucagon (GlucaGen® or Lilly Glucagon™)	Intranasal Glucagon (Baqsimi®)
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	For severe low blood glucose, give by intranasal route: Baqsimi® 3 mg (if available)
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: <ul style="list-style-type: none"> • 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 	
<p>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:</p> Bolus Calculator Sheet Variable dose insulin scale for blood glucose for consistent carbohydrates consumed InsuLinx® Meter Fixed Amount/Dose ¹ : _____ units (include insulin name and amount)	
Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: Yes No	
<p>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).</p>	
<p style="text-align: center;">I agree the student's diabetes can be safely managed at school within the above parameters.</p>	

Physician Signature: _____ Date: _____

Physician Name: _____ Clinic Phone Number: _____

Reference:

Fillable document created from Ministries of Health, Education and Children and Family Development (March, 2015; page 16). *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (pg. 16)*. Vancouver, BC: Author.

¹ NSS addition July 2019 to integrate a specific Physician order (as needed).