

Utah Department of Health/Utah State Office of Education
Glucagon Authorization Form
In accordance with Utah Code 53A-11-604

Student Name: _____
Date of Birth: _____
Name of School: _____ Grade: _____
Name of School District: _____

Health Care Provider Authorization

The above named student is under my care. The medication prescribed for this student to be used in an emergency is:

Name of Medication: _____ Glucagon _____
Dosage: 1 mg (1 ml) _____ Other: _____
Possible Side Effects: nausea/vomiting _____

Printed Name of Health Care Provider: _____

Signature of Health Care Provider: _____ Date: _____

Parent/Guardian Authorization

I _____ parent/guardian (circle one) of above student certify that Glucagon medication has been prescribed for him/her. I request that the student's public school identify and train school personnel who volunteer to be trained in the administration of Glucagon medication in accordance with Utah Code 53A-11-603. I authorize the administration of Glucagon medication in an emergency to the student in accordance with Utah Code 53A-11-603.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone/Cell _____

Name: _____ Phone/Cell _____