



Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 60.467.1186

AUTHORIZATION TO PROVIDE DIABETES CARE INCLUDING GLUCAGON INJECTION BY TRAINED NON-MEDICAL SCHOOL PERSONNEL

Student Name

Parent/Guardian Name

Parent Daytime Phone

Physician Name (print)

Physician's Office Phone

I hereby authorize and direct the personnel of Fort Wayne Community Schools to administer:

***DIABETES CARE INCLUDING GLUCAGON INJECTION, AS DIRECTED IN THE STUDENT'S
DIABETES MEDICAL MANAGEMENT PLAN***

I read, agree, and understand that the school nurse may contact my physician's office for specific instructions.

I have been informed by Fort Wayne Community Schools and understand that the school nurse may not be present in the school at all times, or present on field trips. Therefore, it may be necessary to have diabetes care given by non-medical school personnel who have been trained in diabetes care.

I, therefore, give permission to non-medical school personnel to give diabetes care including a Glucagon injection if the school personnel reasonably feel that it is necessary.

I further waive any claims that might arise from the above-described treatment by personnel not medically trained and licensed.

Parent/Guardian Signature:

Date:
