

# GENOA CENTRAL SCHOOL DISTRICT

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## 4.35F3—GLUCAGON ADMINISTRATION AND CARRY CONSENT FORM

Student's Name (Please Print) \_\_\_\_\_

The school has developed a Section 504 plan acknowledging that my child has been diagnosed as suffering from Type I diabetes. The 504 plan authorizes the school nurse or, in the absence of the nurse, trained volunteer district personnel, to administer Glucagon in an emergency situation to my child.

I hereby authorize the school nurse or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer Glucagon to my child in an emergency situation. Glucagon shall be supplied to the school nurse by the student's parent or guardian and be in the original container.

I acknowledge that the District, its Board of Directors, its employees, or an agent of the District, including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of Glucagon in accordance with this consent form and the 504 plan.

Parent or legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Date Adopted:

Last Revised:



**HOME OF THE MIGHTY DRAGONS!**