

**MORRIS HILLS REGIONAL DISTRICT
HEALTH OFFICE**

CARE OF STUDENTS WITH DIABETES IN SCHOOL

August 2011

Dear Parent/Guardian:

Re: _____

Grade: _____

We would like to inform you of a change in the law regarding the **Care of Students with Diabetes in School**. N.J.S.A. 18A:40-12.11-21 was adopted because a school nurse may not be immediately available to assess the severity of severe hypoglycemia. This law allows the certified school nurse the authority to designate and train a willing employee to administer glucagon (via injection) to a student with diabetes who is experiencing severe hypoglycemia. Attached are the required forms for your health care provider, you and your child to complete and return as soon as possible to the health office.

Required forms to be completed:

- _____ Completed Individual Health Care Plan (provided by the MD)
- _____ Completed Parent/Guardian section
- _____ Completed Student section

Any questions or concerns please call the phone number below:

MORRIS HILLS HEALTH OFFICE
973-664-2333

MORRIS KNOLLS HEALTH OFFICE
973-664-2234

**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

(Complete either IB or IC)

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 not to delegate: If you choose not to have a delegate for your child there may not be a nurse available to administer emergency Glucagon if necessary.

I do not give consent for a delegate to be assigned to my child.

_____ Date _____ Parent Signature

C. 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

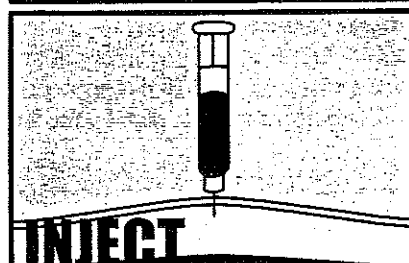
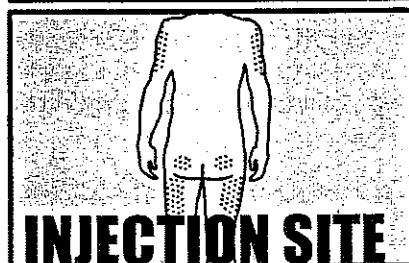
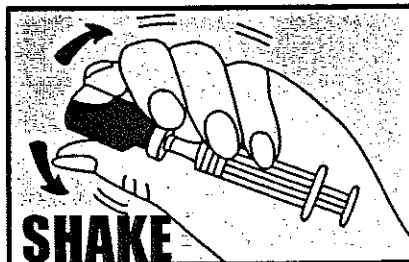
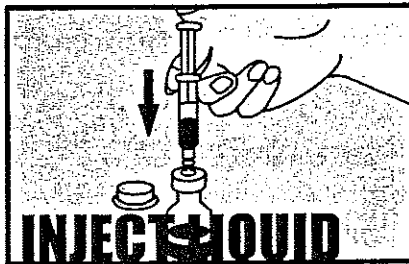
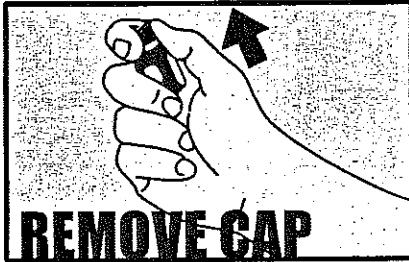
D. Parent Authorization (for students with physician permission to self- manage diabetes in school) -

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

Administering Glucagon

Treat, then follow district policy for emergency medical care.



1. Position the student on his or her side.
2. Remove the cap from the glass vial.
3. Pull the needle cover off the syringe.
4. Insert the needle into vial and inject the liquid.
5. Shake to dissolve.
6. Withdraw the glucagon solution back into the syringe and remove the needle from vial.
7. Check for air bubbles in the syringe. Tap any visible air to the top of the syringe and gently push on the plunger until the air is removed.
8. Insert the needle at a 90 degree angle and inject the glucagon into a large muscle (upper arm, thigh, or upper outer area of buttock).
9. Withdraw the needle and apply slight pressure to the injection site.
10. Keep the student positioned on his or her side.
11. Remain with the student until Emergency Medical Services (EMS) assumes control.

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 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 in 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 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 self-management plan.

Date

Student Signature

Parent Signature

B. Student Agreement for Delegate (Grades six through twelve)

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

Date

Student Signature

Parent Signature