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: __________________________________________________________________
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: 1mg/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 the 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 53-A-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: __________________________________________ Date: __________

EMERGENCY CONTACT INFORMATION
Name: __________________________ Phone/Cell: __________________________
Name: __________________________ Phone/Cell: __________________________
Updated: November 2010