

**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