

Date _____

Utah Department of Health/Utah State Office of Education
Diabetes Medication Form
In accordance with Utah Code 53A-11-604

Student Name _____

Birth Date _____

Address _____

City _____

State _____

Zip _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer diabetes medication and be in possession of diabetes medication and supplies at all times. The medication prescribed for this student is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

Signature of Health Care Provider _____

Date _____

Parent/Guardian Authorization

- I authorize my child _____ to carry prescribed diabetes medication and supplies.
- I authorize my child to self-administer and carry the prescribed medication described above consistent with the Utah Code 53A-11-604.
- I do not authorize my child to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain my child's medication for use in an emergency.

My child and I understand there may be serious consequences, including suspension/expulsion from school, for sharing any medications and/or supplies with other students or school staff.

Parent/Guardian Signature _____

Date _____

***Students with a physical or mental impairment may be eligible under Section 504.
For further information, contact the school principal or the Nebo School District 504 Coordinator.***