

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: \_\_\_\_\_ Grade: \_\_\_\_\_  
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 (1ml) 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 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 53A-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 of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Updated: November 2010