Rantoul Township High School Dist. # 193

Glucagon or Baqsimi Nasal Spray Authorization Form

_____ _____/_____/_____ _____ _____
Student Name Birth Date Grade Date

_____
Address

_____ _____
Phone Number Emergency Phone Number

To be completed by the child's physician, physician assistant, or advanced practice registered nurse:

Physicians/Health Care Provider's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Is it necessary for GLUCAGON or BAQSIMI NASAL SPRAY to be administered during the school day?

_____ YES _____ NO

Diagnosis of student requiring Glucagon or Baqsimi Nasal Spray: _____

Dose: _____ Frequency: _____

Time when Glucagon or Baqsimi Nasal Spray is to be administered: _____

Other medication student is receiving: _____

Prescription Date: _____ Order Date: _____

_____ _____
Physician Signature **Date**

To be completed by the student's parent/guardian:

By signing the below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Rantoul Township High School and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law while under the supervision of the employee and agents of District #193), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices,** and I agree to indemnify and hold harmless Rantoul Township High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the child's self-administration of medication.

_____ _____
Parent/Guardian Signature Date

Rantoul Township High School Dist. # 193

Glucagon or Baqsimi Nasal Spray Authorization Form

_____ _____/_____/_____ _____ _____

Nombre de estudiante Fecha de Nacimiento Grado Fecha

_____

Dirección

_____ _____

Número de Teléfono Teléfono de Emergencia

To be completed by the child's physician, physician assistant, or advanced practice registered nurse:

Physicians/Health Care Provider's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Is it necessary for GLUCAGON or BAQSIMI NASAL SPRAY to be administered during the school day?

_____ YES _____ NO

Diagnosis of student requiring Glucagon or Baqsimi Nasal Spray: _____

Dose: _____ Frequency: _____

Time when Glucagon or Baqsimi Nasal Spray is to be administered: _____

Other medication student is receiving: _____

Prescription Date: _____ Order Date: _____

_____ _____

Physician Signature **Date**

Ser llenado por el padre del estudiante/guardian:

Firmando abajo, yo estoy de acuerdo que yo soy principalmente responsable de administrar medicamento a mi hijo/a. Sin embargo, en el evento que yo no pueda hacerlo o en el evento de una emergencia médica, yo autorizo a Rantoul Township High School y a sus empleadores y agentes, en mi nombre, de administrar o de intentar de administrar a mi hijo/a (o de permitir a mi hijo/a de auto administrarse de conformidad a la Ley del Estado bajo la supervisión de un trabajador o agente del Distrito #193), medicamento recetado legalmente en la manera que se describió anteriormente. **Yo reconozco que puede ser necesario que la administración de medicamentos a mi hijo/a sea realizado por un individuo que no sea una enfermera de la escuela y específicamente consiento totales practicas,** y estoy de acuerdo a indemnizar y mantener ofensa a la escuela de Rantoul Township High School y a sus empleadores y agentes contra cualquier reclamo, excepto un reclamo basado en una conducta intencional y arbitraria, que surge de la administración de medicamento por parte del estudiante.

_____ _____

Firma de Padre/Guardián Fecha