MOLALLA RIVER SCHOOL DISTRICT

AUTHORIZATION FOR SPECIALIZED CARE
FOR EMERGENCY GLUCAGON ADMINISTRATION

Student: DOB:

School:

As the parent or guardian of the above referenced student, I request that my child receive the following specialized health services: Response to severe hypoglycemic events including administration of emergency glucagon as per physician's orders and nursing protocol.

I understand that:

- This authorization is valid for one year from the date of my signature below.
- Qualified, designated persons will be performing the above-mentioned health care service(s) and the designated persons will receive mandated glucagon training (ORS 4330800-830; OAR 333-055-0000-0035) and supervised by a registered nurse as authorized by OAR 851-047-0000.
- I will notify the school immediately if the health status changes, if there is a change of physicians, changes to physician's orders, and/or change or cancellation of health care.
- I am responsible for bringing to school all necessary supplies and medications to school and am required to bring current School Diabetic Orders to school that include glucagon administration.

Parents Signature Date