

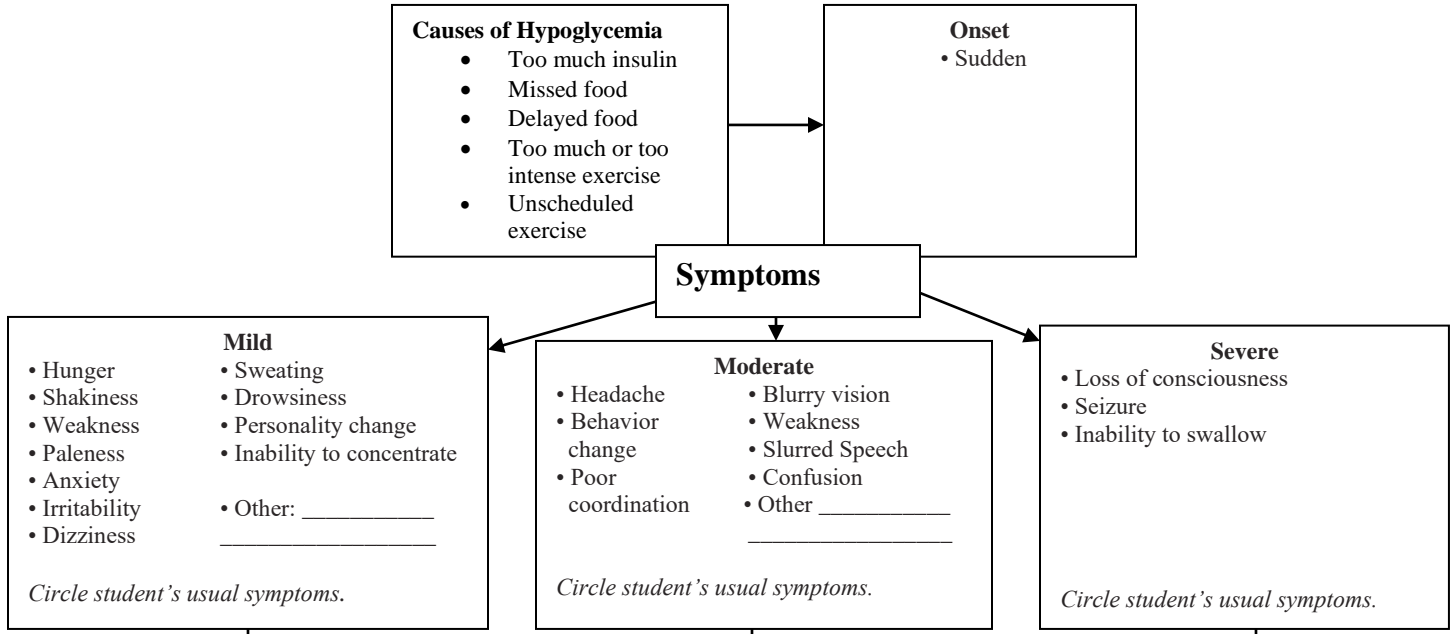
**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**      Appendix F-5  
**QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT**  
**FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN**

**Part A**  
**HYPOGLYCEMIA (Low Blood Sugar)**

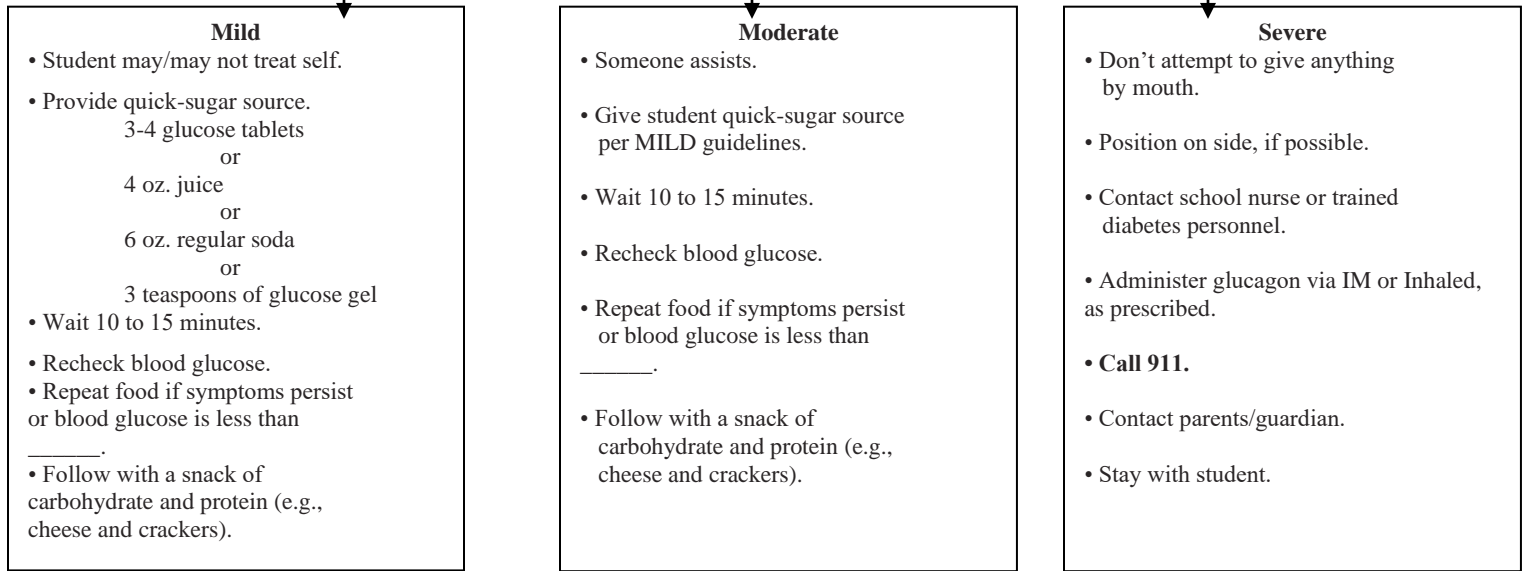
<b>Student Name</b> _____	See reverse for Part B and signatures	<b>School</b> _____	<b>Teacher/grade</b> _____
<b>Mother/Guardian</b> _____		<b>Father/Guardian</b> _____	
<b>Home phone</b> _____	<b>Work phone</b> _____	<b>Cell</b> _____	
		<b>Home phone</b> _____	<b>Work phone</b> _____
		<b>Cell</b> _____	

**Trained Diabetes Personnel** \_\_\_\_\_ **Contact Number(s)** \_\_\_\_\_

**NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.**



**Actions needed**  
**Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA**

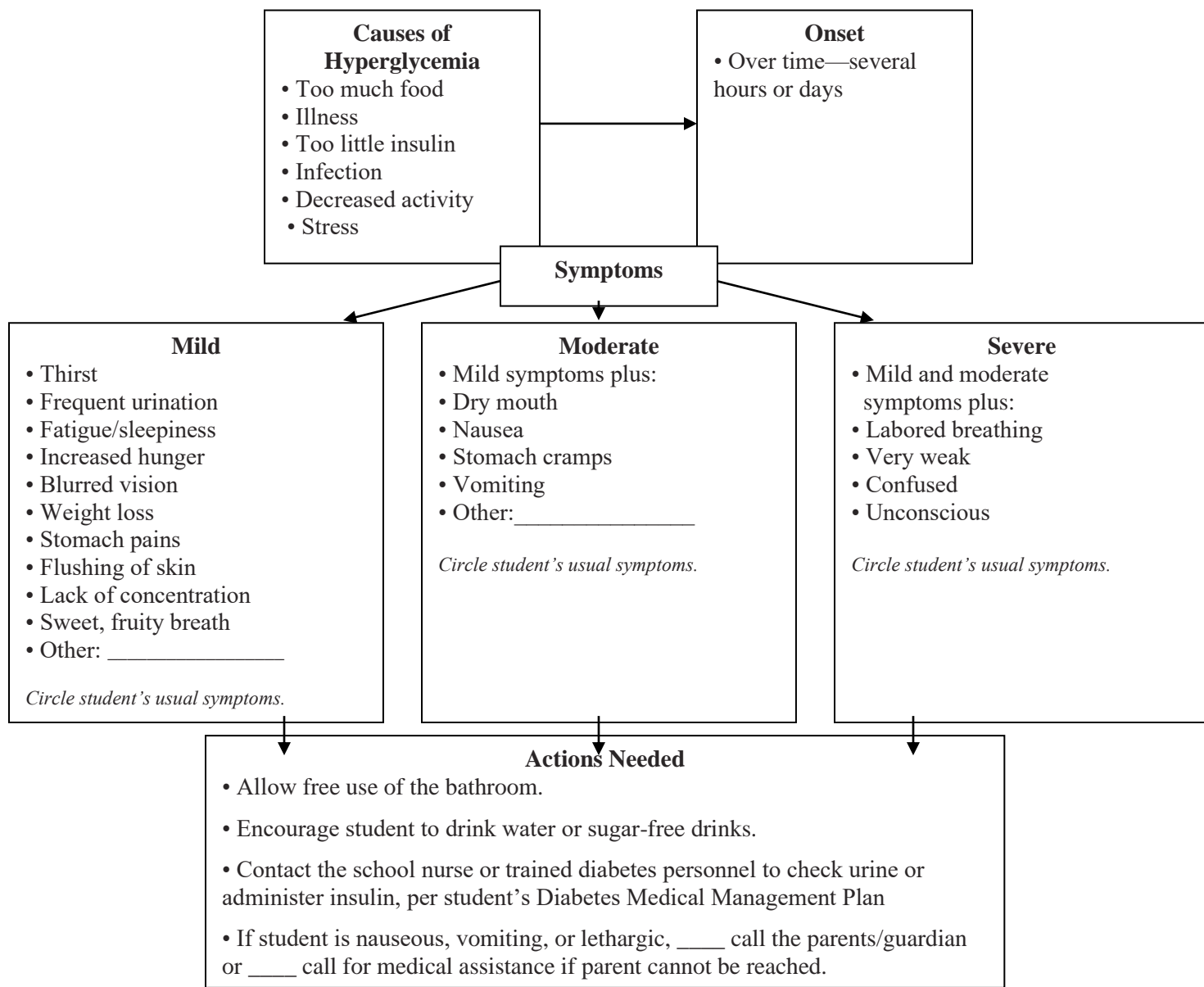


**Part B**  
**HYPERGLYCEMIA (High Blood Sugar)**

Student Name \_\_\_\_\_

School \_\_\_\_\_

Teacher/grade \_\_\_\_\_



*This quick reference emergency plan reflects orders stated in the Diabetes Medical Management Plan (DMMP), I hereby request designated school personnel to administer medication as directed by this authorization and the attached DMMP. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of the DMMP. I have read the procedures outlined on the back of this form and assume responsibility as required.*

Parent/Guardian Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

School Nurse/Principal/School Health Aide Acknowledgement \_\_\_\_\_

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.**
2. **Schools do NOT provide routine medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing the DMMP. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
  - a. Student name
  - b. Date of Birth
  - c. Diagnosis
  - d. Signs or symptoms
  - e. Name of medication to be given in school
  - f. Exact dosage to be taken in school
  - g. Route of medication
  - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
  - i. Sequence in which two or more medications are to be administered
  - j. Common side effects
  - k. Duration of medication order or effective start and end dates
  - l. LHCP's name, signature and telephone number
  - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
  - a. Name of student
  - b. Exact dosage to be taken in school
  - c. Frequency or time interval dosage is to be administered
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
13. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.