

**I.T.M. Wellness Clinic**  
**Self-Administration/Carrying of Hypoglycemic Medication**  
**Student Agreement**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**I agree to:**

- Follow my prescribing health professional's medication orders.
- Use correct medication administration technique.
- **Make a note of when I use medication at school.**
- **Not allow anyone else to use my medication under any circumstances.**
- **Keep a supply of my medication** with me in school and on field trips.
- Notify the teacher, school nurse , principal, office clerk, or anyone with me, if **I HAVE SYMPTOMS OF LOW BLOOD SUGAR**
  - My symptoms continue or get worse after ingesting a carbohydrate
  - My symptoms reoccur within \_\_\_\_\_ after eating a snack or meal
- **Check my blood sugar before giving myself hypoglycemic medication.**
  
- I understand that permission for carrying/ self-administration of medication may be discontinued if I am unable to follow the safeguards established above.

**I UNDERSTAND THAT I SHOULD NOT LEAVE THE CLASSROOM ALONE WHEN MY BLOOD SUGAR IS LOW BECAUSE I COULD PASS OUT AND NOT HAVE ANYONE AROUND TO HELP ME IMMEDIATELY!!!!!!!!!!!!**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**\_ Verbalizes Hypoglycemic ( Low Blood Sugar ) Symptoms**

- |                      |  |
|----------------------|--|
| • Headaches          | anxiety  |
| • Weakness/tiredness | drowsiness/listlessness                                      |
| • Hunger             | unusual behavior/confusion                                   |
| • Dizziness          | <b>blood sugar less than 70mg/dl and unconsciousness</b>     |
| • Paleness           | <b>or having seizures ( give glucagon* I.M. immediately)</b> |
| • Sweating           | *I.M. = intramuscular  |

**\_ Verbalizes dose and adequate knowledge on Procedure for safe usage of Glucagon Kit**

- Remove plastic cap from syringe
- Wipe top of vial containing glucagon with alcohol pad
- Puncture top of vial with syringe needle and instill all the solution from the syringe into vial containing glucagon
- Gently mix well
- Withdraw the contents of the vial back into the syringe
- Wipe chosen site with alcohol pad
- Inject medication into the muscle of the upper outer arm or anterior-lateral thigh

The student **has/ has not** demonstrated /verbalized knowledge on the proper usage of his/her hypoglycemic medication.

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time