



Gilford High School

88 Alvah Wilson Road • Gilford, New Hampshire 03249-7504
(603) 524-7135 Fax: (603) 524-3867
Direct (603) 524-7146



Accredited Member

Anthony Sperazzo Principal
Tim Goggin, Assistant Principal

Lori Jewett, Guidance Director
Rick Acquilano, Athletic Director

Dear Parent/Guardian:

- The necessary permission form and doctors' orders for insulin administration at school. Please sign and advise who your child's doctor is and I will get it to them for their signature

- The diabetic check list for school should include:
 - The appropriate unexpired insulin
 - The appropriate delivery system
 - Needle(s)
 - Pens and needles
 - Pump and supplies
 - Batteries
 - Infusion sets
 - Pump instructions
 - Unexpired back up insulin
 - Glucagon-Unexpired
 - Glucose tablets-Unexpired
 - Ketone test strips-Unexpired
 - Snacks and Juices as necessary

- **An emergency plan as designed by your child's doctor. When you get it signed, please have them mail or fax it to me at school.**

Thanks for your prompt attention to this very important matter! Never hesitate to call if there are any questions or concerns. I have given your child's teacher information regarding sign and symptoms of low and high blood sugars and have encouraged them to be in touch with your child and myself.

Meg Jenkins MS, BSN, RN

Test Strips	Expiration Date
Batteries	Expiration Date
Meter	Style
Lancets	
Ketone Strips	Expiration Date
Insulin	Type
	Expiration Date
Pen	
Needles	
Glucagon	Expiration Date
Glucose Tablets	Expiration Date
Snacks	
Diabetic Care Plan	Signed by Physician

**GILFORD SCHOOL DISTRICT
MEDICATION RELEASE 2020-2021**

In accordance with state and local school board ruling, when it is found necessary to place a child on medication during the school day, the local school nurse must have the following information.

Name of Student _____
Date _____ Teacher/YOG _____
Physician's Name _____
Medication to be administered _____
Dose _____ Time _____

We, the parent, authorize the school to assist our child in taking oral medication. We agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parents) and the School Administrator to assist our child in taking said oral medication.

The medication will be delivered to the School Nurse, Principal, and/or his designee by a parent /guardian. **The medication will be delivered in an original container properly labeled with the student's name, physician's name, and date of original prescription, name, dosage of medication and directions for taking.**

I understand that communication between the physician and the school health office is necessary for the purposes of sharing information regarding dosage, administration and effectiveness of the prescribed medication and give consent for such communication to occur as needed.

Parent/Guardian Signature _____

NOTE: This section is to be completed by the physician only.

Medication _____ Dosage _____
Time(s) to be given _____
Duration of administration _____ Start Date _____ End Date _____

Signature of Prescribing Physician _____

Inhalers

- Student has parent permission to carry and self-administer inhaler _____ (Parent Initials)
- Student has physician approval to carry and self-administer inhaler _____ (Physician initials)

Epi-Pens

- Student has parent approval to carry and self-administer Epi-pen _____ (Parent Initials)
- Student has physician approval to carry and self-administer Epi-pen _____ (Physician initials)
- If appropriate, parent has trained classroom teacher/& or others to administer Epi-pen _____ (Parent Initials)
(Please specify who has been trained) _____

☆ **Any child who receives an Epi-Pen for allergic reaction will be transported to the hospital by ambulance**

Insulin

- Student has parent permission to carry and self-administer insulin/glucagon _____ (Parent Initials)
- Student has physician approval to carry and self-administer insulin/glucagon _____ (Physician initials)

☆ **Any child who receives Glucagon for insulin reaction will be transported to the hospital by ambulance**

