

Montana Glucagon Training Record

Name of Student: _____ DOB/ Grade: _____

School: _____ Date training given: _____

This form is for the documentation of parent/guardian designation to administer emergency glucagon by volunteer adults, the volunteer adult's acceptance of that designation and the medical provider's training of those adults in accordance to Montana Code Annotated 20-5-412 and 20-5-413.

Names of parent designated volunteer non-licensed staff members:

- Yes No Parent(s) present for training:
- Yes No Explanation of diabetes and glucagon information
- Yes No Explanation of signs/symptoms of hypoglycemia including action(s) needed for treatment of all levels of hypoglycemia and when glucagon is indicated
- Yes No Training of proper mixing and preparation technique with return demonstration by trainee(s) to health care professional (HCP) with sample glucagon kit.
- Yes No Training of proper injection technique with return demonstration by trainee(s) to HCP
- Yes No Trainee(s) is aware of where glucagon is normally kept for this child

Other (written information provided, video or power point used, etc.): _____

Health Care Professional's Signature who provided above instruction

Date

I, the undersigned staff member, accept the parent's designation allowing me to respond to a hypoglycemic emergency by administering Glucagon to the best of my abilities.

Staff Signature/ Date

Staff Signature/ Date

Staff Signature/ Date

Staff Signature/ Date

I, the parent/guardian of stated student, designate the above non-licensed school staff to administer Glucagon to my child in the event of a hypoglycemic emergency.

Parent/ Guardian Signature

Date

CC: School File

