



SKAGGS CATHOLIC CENTER, LLC

300 East 11800 South, Draper, UT 84020

Juan Diego Catholic High School 801-984-7650-O, 801-984-7601-F

Saint John the Baptist Middle School 801-984-7614-O, 1-801-984-7649-F

Saint John the Baptist Elementary School 801-984-7108-O, 801-984-7122-F

Guardian Angel Daycare 801-984-7135-O, 801-984-7122-F



Utah Department of Health/Utah State Office of Education Glucagon Authorization Form In accordance with Utah Code 53A-11-604

Student Name: _____

Date of Birth: _____

Name of School: _____

Grade: _____

Name of School District: _____

Health Care Provider Authorization

The above named student is under my care. The medication prescribed for this student to be used in an emergency is:

Name of Medication: Glucagon

Dosage: 1mg (1ml) Other _____

Possible Side Effects: nausea/vomiting

Printed Name of Health Care Provider: _____

Signature of Health Care Provider: _____ Date: _____

Parent/Guardian Authorization

I _____ parent/guardian (circle one) of the above student, certify that Glucagon medication has been prescribed for him/her. I request that the student's school identify and train school personnel who volunteer to be trained in the administration of Glucagon medication in accordance with Utah Code 53A-11-603. I authorize the administration of Glucagon medication in an emergency to the student in accordance with Utah Code 53A-11-603.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone/Cell _____

Name: _____ Phone/Cell _____



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