

**Authorization for the Administration of Medication  
For  
STUDENT with DIABETES**

To: \_\_\_\_\_  
School Name and Town

The undersigned, \_\_\_\_\_ and \_\_\_\_\_,  
(hereinafter "Parent(s)") are the parent(s) of \_\_\_\_\_.  
(hereinafter "Student") who is in the \_\_\_\_ Grade Class at \_\_\_\_\_,  
(hereinafter "School"). School Name

Parent(s) of Student hereby authorize(s) and direct(s) the School to administer glucagons medication and blood glucose testing pursuant to the written statement of my/our child's medical provider, a copy of which is attached hereto.

Parent(s) acknowledge(s) that by signing this Authorization, I/we are aware that I/we must also sign a statement acknowledging that School will not incur any liability for such administration, except for willful and wanton conduct with regard to any injury resulting to my/our child. Moreover, Parent(s) acknowledge(s) that they are required to sign an Indemnification and Hold Harmless Agreement with regard to the administration of glucagons medication and blood glucose testing to my/our child.



**INDEMNIFICATION and HOLD HARMLESS AGREEMENT**

THE Parent(s) hereby agree to indemnify, defend, and hold harmless the School, Parish, and Roman Catholic Diocese of Joliet Trust, its administrators, servants, employees, agents, successors, and assigns (collectively "School Affiliates"), both in their capacities as representatives of the School, the Parish and/or Diocese of Joliet, and as individuals, from and against any loss, notions, responsibilities, obligations, liability, damages, expenses, or claims with regard to the administration of glucagons medication and blood glucose testing to my/our child, \_\_\_\_\_, with the exception of willful and wanton conduct on the part of any School Affiliates.

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_