

**Exhibit**

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**FRENCHTOWN ELEMENTARY SCHOOL**  
**Supplemental Orders Diabetes Medical Management Plan**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Medical Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

\_\_\_\_\_ Glucagon order is on file.

\_\_\_\_\_ Glucagon order is needed. Please have Physician/Medical Provider complete the following:

Treatment of Severe Hypoglycemia: Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route IM, Dosage \_\_\_\_\_, site for glucagon injection: thigh, arm or buttock

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parent/guardian. If the student does not awaken in 15 minutes, administer a second dose of Glucagon.

\_\_\_\_\_  
Student's Physician/Health Care Provider

\_\_\_\_\_  
Date

**To Be Completed by the Student's Parent/Guardian**

**Permission for Care:**

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of Frenchtown Elementary School to perform and carry out the diabetes care tasks as outlined by information contained in the Diabetes Medical Management Plan. I also consent to the release of the information contained in the Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. I hereby acknowledge my understanding that no school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of a board of education, shall be held liable for any good faith act or omission consistent with the provisions of this act N.J.S.A. 18A:40-12.11-21, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

**Acknowledged and received by:**

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

Adopted: October 30, 2012

Readopted: March 28, 2017