

# Record of medication administration (insulin)

<Insert/attach student photo if required for identification purposes>

This form is to be used to record glucose levels, carbohydrate intake and administration of insulin to the student described below to support their diabetes management.

<b>Student name</b>		<b>Date of birth</b>		<b>Class</b>			
<b>Prescribed insulin</b>		<b>Administration via:</b>	Pump <input type="checkbox"/> Pen <input type="checkbox"/> Syringe <input type="checkbox"/>				
<b>Dosage:</b>	Refer to student's current diabetes management plan for authorised instructions about determining dosage						
<p><i>On receipt of the medication:</i></p> <ol style="list-style-type: none"> <li>1. Check for medical authorisation for insulin i.e. <b>medication order</b> or <b>letter from the prescribing health practitioner</b>.</li> <li>2. Refer to the student's current <b>diabetes management plan</b> to complete 'Prescribed insulin' and 'Administration via'.</li> <li>3. Attach the completed <b>Consent to administer medication</b> form.</li> <li>4. Attach the completed <b>diabetes management plan</b>.</li> <li>5. Attach any additional written advice from the prescribing health practitioner.</li> <li>6. Refer to the student's <b>diabetes management plan</b> when administering medication.</li> <li>7. For students who are approved to self-medicate, the student may co-sign with their supervising staff member instead of two staff members.</li> <li>8. Advise the parent that they will need to collect any unused medication when it is no longer required to be administered at school.</li> </ol>							
Date	Time	Glucose Level	Carbs (grams)	Food/drink consumed	Insulin (units administered)	Signatures	
						1.	2.

