<Insert/attach student photo if required for identification

purposes>

Record of medication administration (insulin)

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.

Student	name	Date of birth						Class			
Prescrib	ed insulin			Administration via	a: Pump 🗆 🛛	Pen □ Syrin	ge 🗆				
Dosage:		Refer to student's current diabetes management plan for authorised instructions about determining dosage									
On receipt	of the medicati	ion:									
1. Check	for medical au	thorisation for insulir	i.e. medication or	der or letter from the prescribing health prac	ctitioner.						
2. Refer t	to the student's	s current diabetes m	anagement plan to	complete 'Prescribed insulin' and 'Administrati	ion via'.						
3. Attach	the completed	Consent to admini	ister medication for	m.							
4. Attach	the completed	diabetes managen	nent plan.								
5. Attach	any additional	written advice from	the prescribing heal	h practitioner.							
6. Refer t	to the student's	diabetes managen	nent plan when adn	ninistering medication.							
7. For stu	udents who are	approved to self-me	dicate, the student	may co-sign with their supervising staff membe	er instead of two staff	f members.					
8. Advise	e the parent tha	t they will need to co	ollect any unused me	edication when it is no longer required to be ad	Iministered at school.						
Date	Time	Glucose Level	Carbs (grams)	Food/drink consumed	1	nsulin (units	Signatures				
Date	Time	Glucose Level	Carbs (grains)		administer	dministered)	1.	2.			

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at <u>https://ppr.ged.gld.gov.au/pp/administration-of-medications-in-schools-procedure</u>

to ensure you have the most current version of this document.

Student name Prescribed insulin					Date of birth	Class						
					Administration via:	Pump Pen Syringe						
Dosage:		Refer to student's current diabetes management plan for authorised instructions about determining dosage										
Date Time		Glucose Level Carbs (grams) Food/drink cons			med		Insulin (units administered)	Signatures				
						administered)		1.	2.			
									_			
-												

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure

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