

INDEPENDENT SCHOOL DISTRICT

**Principal Designees
for Unlicensed Diabetes Care Assistants
(Level III Training)**

School Name: _____

I have designated the following people to assist in diabetic care on _____ (campus name) in the absence of a nurse. This designation is in accordance with HB984. All Principal designees must be trained and demonstrate proficiency in the use of a glucometer, interpret glucose and ketone testing results, recognize signs and symptoms of hypo/hyperglycemia, respond to hypo/hyperglycemic events according to student's Individual Healthcare Plan, and administration of glucagon and insulin.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Principal's Signature

Date

Place the Principal Designee form at the front of the Campus Medication Administration book.