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.