



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Ms. Michele Ortiz, **Curriculum Associate**
Office of Assessments, Data, ENL
516-434-7056
Central Registration
516-434-7058

Dear Parent/Guardian of _____ :

It has been strongly recommended by our school physician that every student who has been diagnosed with diabetes have a Glucagon injection kit in the Health office. There have been several incidents in the district that required the use of the glucagon, and it should be available for every diabetic child in school.

Please complete the form below, and have your child’s physician complete the second section.

If you have any questions contact your school nurse.

1. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to administer the medication as described below by my physician to my child(Name)_____.

I will supply the school nurse with the medication prescribed below in the original container, or a duplicate, professionally labeled by the pharmacist for this purpose.

DATE:_____ SIGNATURE_____

RELATIONSHIP TO STUDENT:_____

2. TO BE COMPLETED AND SIGNED BY PHYSICIAN

Student’s Name_____ Diagnosis_____

A. Name of Medication_____

B. Dosage: Amount to be given:_____ Time to be given:_____

C. Side effects: To report_____ To expect_____

SIGNATURE OF PHYSICIAN_____ Date_____

PHYSICIAN’S STAMP