



**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.

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**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:\_\_\_\_\_

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**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