Following administration of Glucagon to students, schools may choose to utilize this data collection tool. While not mandatory, collecting this information will allow the district to monitor the incidence and details of Glucagon administration in schools.

1. School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of School: 🞏 Public 🞏 BOCES 🞏 Nonpublic/Private

 🞏 Charter 🞏 4201 (NYS Operated Schools) 🞏 Other \_\_\_\_\_\_\_\_\_\_\_

3. Level: 🞏 PreK/K 🞏 Middle School 🞏 PreK – 12

 🞏 Elementary 🞏 High School 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Occurrence: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_am/pm

5. Glucagon administered:

 🞏 Before school 🞏 During school 🞏 After school 🞏 Activity not related to school

 🞏 If before or after school, incident occurred during: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Has this individual previously received Glucagon?

🞏 Yes 🞏 No 🞏 Unknown

7. Location of individual when symptoms developed:

 🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other\_\_\_\_\_\_\_\_

8. Location of individual where Glucagon was administered:

 🞏 Bus 🞏 Cafeteria 🞏 Classroom/Hallway 🞏 Gym 🞏 Outdoors 🞏 School Office 🞏 Other \_\_\_\_\_\_\_

9. Location of Glucagon storage:

 🞏 Gymnasium 🞏 Health Office 🞏 Main Office 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Signs/symptoms included:

 🞏 Mild (hunger, dizziness, irritability, weakness, sweating, anxiety, headache, fast heartbeat)

 🞏 Severe (confusion, slurred speech, seizure activity, unresponsiveness, combativeness)

11. Glucagon was administered by:

🞏 RN 🞏 Parent

 🞏 LPN 🞏 Unlicensed trained staff member

 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If other than the RN, was this person formally trained?

 🞏 Yes 🞏 No 🞏 Unknown

13. Approximate time between onset of symptoms and administration of Glucagon:

🞏 1 – 10 minutes 🞏 Greater than 20 minutes

🞏 11 – 20 minutes 🞏 Unknown

14. Is there an Emergency Care Plan in place?

🞏 Yes 🞏 No 🞏 Unknown

15. Was the School Medical Director notified of the incident?

 🞏 Yes 🞏 No 🞏 Unknown

16. Was the student transported to the Emergency Room after the incident?

 🞏 Yes 🞏 No

17. Was a debriefing (follow-up) meeting held concerning this incident?

 🞏 Yes 🞏 No