AZLE INDEPENDENT SCHOOL DISTRICT

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

Campus: ___________________________

I have designated the following people to monitor diabetic care in the school setting. This designation is in accordance with Azle ISD guidelines. I understand that all AISD school nurses and health aides are also authorized to monitor diabetes. 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 the 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.