



## DELEGATION TO TRAINED UNLICENSED DIABETIC ASSISTANTS (UDAs)

*Assisting Students with Diabetes Care*

School: \_\_\_\_\_ For the \_\_\_\_\_ School Year

The following unlicensed (nonmedical) personnel are eligible for delegation for certain medications to students:

**Note: Degree of Delegation must be noted on this page and in the Individual Health Care Plan, include specific student and specific time frame.**

Name of UDA	Date Eligible (Tier I)	Date Eligible (Tier II)	Date Eligible (Tier III)	Job Title	Degree of Delegation	Dates Monitored/ Comments <i>(RN Supervising Delegation Practice)</i>	Date Delegation Suspended or Revoked

Signature of Delegation RN: \_\_\_\_\_ Date: \_\_\_\_\_