

**Dunlap School District #323**  
**SELF-CARE DIABETES AGREEMENT**

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**STUDENT**

- I will independently perform blood glucose testing in accordance with my Diabetes Medical Management Plan (DMMP).
- I will manage my diabetes based on the DMMP.
- I will keep supplies with me to treat a low blood sugar.
- I will seek help from nurse or delegated diabetes care aides (DCA) if any problems with my diabetes will occur or at any time that I have questions.
- I will notify my parent/guardian, nurse or DCA if my blood sugars are consistently out of range.
- I will keep my parent/guardian informed of diabetes issues.
- I will keep extra diabetes supplies and Glucagon in the office
- I will be responsible with my medical supplies and dispose of lancets in a designated sharps container.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**PARENT/GUARDIAN**

- I will provide the necessary equipment such as: glucometer, juice, snacks, Glucagon, insulin, pump supplies or syringes
- I will notify the nurse within 24 hours of any changes in the student's health status, medication or treatment regimen and provide order changes from health provider.
- I will provide signed consents

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**NURSE**

- I will ensure that all school staff that has responsibility for students with diabetes will understand the basic elements of effective diabetes management and know how to recognize and respond to a diabetes emergency.

Signature of Nurse \_\_\_\_\_

Date \_\_\_\_\_