

Continuous Glucose Monitoring Parent/Guardian Permission and Acknowledgment Form

I am the Parent/Guardian of _____ (“child”) and I hereby grant permission to school personnel of Northwest Independent School District (NISD) to access the continuous glucose monitor (“CGM”) of my child/ward. **In order for school personnel of NISD to access the CGM of my child, I hereby understand, acknowledge and agree to the following:**

1. Neither law nor policy requires the NISD to access or monitor my child’s CGM or continuously monitor my child’s glucose in any manner.
2. I hereby grant to the NISD any and all access to my child’s/ward’s CGM.
3. Northwest ISD school personnel will not continuously monitor my child’s glucose via his/her CGM.
4. Northwest ISD school personnel will monitor and treat my child for medical reasons, including, but not limited to, monitoring and treatment for diabetes, as they do all students.
5. Should Northwest ISD school personnel elect to access my child’s CGM, they shall do so via the platform selected by the District on a District-owned device.
6. CGM-based treatment decisions may be made using a device that is FDA-approved for treatment as indicated on the child’s diabetes medical management plan. I understand that school personnel will check a fingerstick blood glucose to confirm the glucose level in situations where they are not confident of CGM readings (i.e. symptoms do not match the results of CGM reading) and/or according to parameters set forth by student's diabetes medical management plan.
7. I understand that medications containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify school personnel when my child has received acetaminophen (Tylenol).
8. I understand that my child’s CGM requires wireless internet service and that Northest ISD is not responsible for any lapse in wireless internet service or any wireless “connection” issues of any kind. Furthermore, a manual blood glucose check will be required if wireless internet is not functioning at the time a treatment is due (i.e. internet failure or lapse in real-time reading).
9. I understand that I am solely responsible for the maintenance and upkeep of my child’s CGM, including, but not limited to, ensuring proper functioning of the CGM and that any and all software and/or program updates have been completed, and that Northwest ISD is not responsible for any functioning issues that may occur with my child’s CGM and will not use CGM readings for treatment if the device is not properly maintained and calibrated.
10. I understand that my child’s CGM health information shall be displayed on a screen that a person other than Northwest ISD school personnel may view or have access to and I therefore waive and release Northest ISD from any and all claims under the Health Insurance Portability and Accountability Act (HIPAA).

____ I hereby certify that my child will independently respond to and access his/her CGM.

____ I hereby certify that my child will independently use his/her CGM for insulin-based treatment decisions.

____ I hereby certify that my child requires assistance to respond to or access his/her CGM.

By execution of this document, I acknowledge and agree to the above and hold harmless Northwest ISD, its employees, agents, representatives, and board of trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney’s fees, arising out of or resulting from Northwest ISD’s use, or my child’s use, of my child’s CGM.

Signature of Parent/Legal Guardian

Signature of Child/Ward

Printed Name of Parent/Legal Guardian

Printed Name of Child/Ward

Date

Date