

Health Service Mutual Agreement:

Student's Name: _____ Date: _____

This agreement will be attached to the diabetes medical management plan. This has been designed to ensure student safety and well being. Persons indicated below will assume designated responsibilities per agreement.

The following statements delineate specific individual responsibilities and will be initialed by the appropriate party to indicate agreement:

_____ The student will:

- Independently perform blood glucose monitoring in accordance with written procedures.
- Keep daily records of blood glucose results and insulin doses (as agreed upon by parent/guardian and school nurse).
- Seek help from designated school staff if any problems with their diabetes should occur.
- Keep parent/guardian informed of diabetes issues.
- Treat hypoglycemia per written procedure.
- Determine insulin dose based on the health care provider's orders.
- Self-administer insulin per written procedures.
- Follow Standard Precautions (change lancet device at home, dispose of needle and syringe in a designated sharps container, place cotton ball/ Kleenex over lanced skin until bleeding stops).

_____ The parent/ guardian will:

- Provide necessary equipment such as: blood glucose testing kit, lancet device, testing strips, juice, snacks, glucose product, and insulin delivery device with necessary supplies.
- Within 24 hours, inform the school nurse, in writing, of any changes in the student's health status, medication, or treatment regimen.
- Provide signed consents.
- Provide a completed diabetic care plan with all necessary signatures to include orders from the physician.
- Ensure that the student has the necessary skills, maturity, and competence for blood glucose testing and independent administration of insulin.
- Respond to unforeseen situations within an hour of notification.



Office of District Nurse

Health Service Mutual Agreement:

Student's Name: _____ Date: _____

_____ The school nurse will:

- Evaluate blood glucose monitoring records, consult student and parent/guardian with any concerns regarding interventions or agreement compliance.
- Inform physician and/or parent/guardian of any unusual circumstances.
- Arrange to have the parent/guardian notified when supplies are running low.

_____ The designated staff will:

- Intervene as instructed for low blood glucose in accordance with written procedure.
- Notify the school nurse when student has needed assistance.
- Provide a copy of the blood glucose monitoring/ insulin administration log to the physician and parent/ guardian as directed.
- Assist the student in the management of their diabetes as outlined by the diabetes medical management plan.

This agreement is good for one year and will be reviewed annually for renewal. If non-compliance or a change in status occurs, any party may call for an immediate review.

Student Signature Date

Parent/Guardian Signature Date

Nurse Signature Date

Parent/ Guardian Signature Date

Designated Staff Signature Date

School Administrator Signature Date