

TOMBALL INDEPENDENT SCHOOL DISTRICT
Authorization for Insulin Administration,
Blood Glucose Meters and Insulin Pumps

Date _____

_____ (Child's name) has been instructed in the proper use of a blood glucose meter and in the proper use and administration of insulin either by injection or pump. We, _____ (Physician) and _____ (Parent), request that

_____ (Child's name) be permitted to carry insulin and any medical equipment, such as glucometer or pump, and to keep same in his/her locker(s) and we consider him/her responsible. He/She has been given instructions and understands the purpose and appropriate method and frequency of this medical self-care. He/She also understands that the intentional misuse of any medication or medical equipment that could knowingly and recklessly cause harm to another person will result in disciplinary action. We, the undersigned, absolve the school of any responsibility in safeguarding our child's medication and equipment. We understand that our child may check blood glucose levels, give insulin as needed, and have snacks in the classroom and that our child may go to the school clinic as needed. Our child has been instructed in the appropriate disposal of blood-contaminated items, such as test strips, and sharps.

Physician Date

Parent or Guardian Date

Student Date

A Diabetes Medical Management Plan (DMMP) has been given to the school nurse and parent/emergency contact numbers have been provided.

School Nurse Date

Principal Date