

Student: _____ DOB ___/___/___ School/Grade: _____

STUDENT

- I agree to dispose of any sharps either by keeping them in my kit and disposing at home, or placing them in the sharps container provided at school.
- I will notify the health office if my blood sugar is below _____ mg/dl or above _____ mg/dl
- I will not allow any other person to use my diabetes supplies.
- I plan to keep my diabetes supplies (initial one):
 - With me
 - In the school health office
 - In a different accessible and secure location, here: _____
- I understand that the freedom to self-manage my diabetes is a responsibility and I agree to abide by this contract.

Student's Signature: _____ Date: ___/___/___

PARENT/GUARDIAN

- I agree that my child can self-manage his/her diabetes and can recognize when he/she needs to seek the help of a staff member.
- It has been recommended to me that back up supplies be provided to the health office for emergencies.
- I understand that this contract is in effect for the current school year unless revoked by the Parent/Guardian or student fails to meet the above contingencies.

Parent's Signature: _____ Date: ___/___/___

SCHOOL NURSE

- School staff members that have the need to know about the student's condition and the need to carry their diabetes supplies have been notified.

School Nurse's Signature: _____ Date: ___/___/___

Additional Information:

School Administrator's Signature: _____ Date ___/___/___