



EMPOWERING ALL STUDENTS

Learners Today - Leaders Tomorrow

Authorization and Waiver For Use of CGM Application

Student name: _____

Student date of birth: _____

Name of school student attends: _____

Parents' names: _____

Home address: _____

Name of application to be downloaded: _____

I give my permission for the school nurse or designee to download and use the above-listed application on either a School District issued device and/or the nurse's personal cell phone to monitor my child's health status, including but not limited to, blood glucose levels. I understand and agree that the School District and its staff members assume no responsibility or liability whatsoever regarding this monitoring application.

I have voluntarily requested and hereby consent to the use of this application and monitoring by school personnel for my child. I recognize and acknowledge that there are certain risks associated with the use of this application and that school personnel might not be able to immediately act if an alert is issued. I agree to assume the full risk of the use of this application and fully release and discharge the School District, its Board of Education, its employees and volunteers from any and all claims relating to injuries, damages or losses which my child may sustain as a result of the use of this application and monitoring. I further agree to defend, indemnify and hold harmless the School District, its Board of Education, its employees and volunteers from any and all claims resulting from injuries, including death, damages or losses sustained by my child arising out of, or in any way associated with the use of this application and monitoring by School District personnel.

Signature of Parent/Guardian _____ Date _____