

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**INDIVIDUAL DIABETES HEALTH CARE PLAN**

**9009.01F**

*Relates to: 9009.01AR*

**PARENT/GUARDIAN CONTACT AND RELEASE OF INFORMATION, DISCLOSURE:**

**PARENTS WILL PROVIDE ALL DIABETIC CARE SUPPLIES INCLUDING: SNACKS, JUICE, BLOOD GLUCOSE METER, LANCET DEVICE, LANCETS, EMERGENCY GLUCOSE, EMERGENCY MEDICATION AND ANY OTHER NEEDED SUPPLIES.**

I hereby give my consent for medical records and reports to be shared with the Oldham County Board of Education and for the physician referenced below to discuss my child's medical condition referenced above with school or District personnel to assist them in planning or providing care for my child while at school or school events.

In the event of a crisis requiring immediate intervention, a trained school employee will administer an injection or other prescribed drug. The undersigned understands that the employee administering the prescribed medication is not a licensed healthcare professional. The employee will make his or her best effort to comply with the recommended procedure developed by the child's physician, and in accordance with the training conducted by an OCBE Nurse. The undersigned hereby consents to the intervention of the employee under these circumstances.

Additionally, the undersigned agrees to hold the Board of Education, its members and employees, and the intervening staff member harmless for any injuries resulting from the emergency care unless the injury was caused by the employee's negligence. The parent/guardian further agrees to indemnify and hold harmless any employee and the Board and its members from any claim resulting from self-administration of medication per state law.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**It is the responsibility of the parent/guardian to notify school personnel regarding changes in contact information:**

Parent/Guardian #1

Print Name: \_\_\_\_\_  
Daytime phone \_\_\_\_\_

Parent/Guardian #2

Print Name: \_\_\_\_\_  
Daytime phone \_\_\_\_\_

**GLUCAGON RECEIVED**

**BAQSIMI RECEIVED**

**GVOKE RECEIVED**

**ZEPALOGUE RECEIVED**

\_\_\_\_\_  
OCBE staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**\*CARE PLAN REVIEW:**

\_\_\_\_\_  
OCBE Health Services RN

\_\_\_\_\_  
Date