



Authorization for an Unlicensed Diabetes Care Assistant to Provide Care to a Student with Diabetes in the Absence of a Nurse

Parent Authorization Form

The parent or guardian of a student requesting care for their child with diabetes while at school or school related activities authorizes an Unlicensed Diabetes Care Assistant to perform tasks necessary to care for the student. Necessary tasks may include the administration of insulin, emergency glucagon, and/or blood glucose testing and monitoring. If a school nurse is not available on a school campus, an Unlicensed Diabetes Care Assistant performs the tasks necessary to assist the student in accordance with the student's individual health plan and in compliance with guidelines provided during UDCA Training

The student's medical provider and the parent or guardian develops the Diabetes Management and Treatment Plan (DMTP). The parent provides the DMTP to the school nurse. The principal or designee, school nurse, parent or guardian and, to the extent practicable, the physician responsible for the student's diabetes with other school personnel collaborate and develop the student's individual health plan.

The principal will supervise and designate school personnel to receive and successfully complete required training in the care of the student with diabetes. Designated personnel serving as UDCAs are not health care professionals.

Please check the appropriate boxes below.

- I authorize an Unlicensed Diabetes Care Assistant to provide the tasks necessary to assist my child at school or school related activities in the absence of a nurse. I understand that an Unlicensed Diabetes Care Assistant is not liable for civil damages [see Immunity from Liability] *Health and Safety Code 168.009*.
- I do not authorize an Unlicensed Diabetes Care Assistant to provide care for my child at school or school related activities.
- My child can manage his/her diabetes care independently including blood glucose checks, administering insulin, treating for hypoglycemia and hyperglycemia, and carry necessary supplies or equipment. I understand the school nurse and/or school personnel will provide emergency care as needed.

This information will be shared with the appropriate school personnel.

Signature of Parent or Guardian

Student's Name (please print)

Relationship to Student

School

Address

Phone

Date