

**Parent & Student Responsibilities & Acknowledgements  
Related to the management of diabetes at school**

\*This form is to be renewed annually\*

Student: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade/Homeroom Teacher: \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

I understand it is my responsibility to:

1. Communicate directly with the school nurse, preferably by phone, email, or person.
2. Provide the diabetic care plan, physician orders, or other medical documentation to the child's campus annually, and update school personnel promptly if any changes occur.
3. As appropriate, communicate any atypical blood glucose results at home with the school personnel.
4. Provide up-to-date contact information, including cell phone and email address.
5. Collaborate with campus staff to implement and evaluate the student's IHP and 504 plan annually, if appropriate.
6. Provide all necessary supplies per the physician's care plan. These should be non-expired and re-stocked frequently throughout the school year. This includes but is not limited to:
  - a. Glucometer
  - b. Blood glucose testing strips
  - c. Lancing devices and/or lancets
  - d. Ketone indicator strips
  - e. Insulin, syringes
  - f. Glucose tablets and/or a fast-acting sugar source, as indicated in the care plan
7. I understand that medical alert identification (such as a bracelet or necklace) is strongly encouraged, but not required, to alert others to my child's diabetes in the event of an emergency.

**Regarding the use of continuous glucose monitors (CGM)**

I understand, acknowledge, and agree to the following:

1. Neither law nor policy requires Celina ISD to access or monitor my child's CGM or continuously monitor my child's glucose in any manner.
2. CISD school personnel will not monitor my child's CGM data on any personal or school-issued device.
3. CGM-based treatment decisions may be made using a device that is FDA-approved for treatment as indicated on the care plan as outlined by their physician.
  - a. I understand that school personnel may check a blood sugar level with a finger stick to confirm the glucose level as indicated by the campus nurse or UDCA-appointed staff member.

4. I understand that medications containing Acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify the school nurse when my child has received Acetaminophen (Tylenol).
5. I understand that my child's CGM requires wireless internet service and that the CISD is not responsible for any lapse in wireless internet service or any wireless "connection" issues of any kind.
6. I understand that I am solely responsible for the maintenance and upkeep of my child's CGM, including, but not limited to:
  - a. Assessing proper daily functioning,
  - b. Regular calibration of the device, per manufacturer guidelines,
  - c. Software and/or program changes are up-to-date and running properly
7. CISD is not responsible for any functioning issues that may occur with my child's CGM and will not use CGM readings for treatment if the device is not properly maintained and calibrated.

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

**TO BE COMPLETED BY THE STUDENT**

I understand it is my responsibility to:

1. Come to the clinic or agreed upon location at the time(s) specified by the physician on the care plan.
2. Understand the signs and symptoms of low and high blood sugar (within reason for the student's age).
3. When experiencing signs or symptoms of hypo or hyperglycemia, seek help from the school nurse or designated UDCA staff.
4. Discuss any blood glucose results and appropriate treatments with the school nurse or designated UDCA staff.
5. Finish all foods as planned after determining the amount of insulin needed for lunch.
  - Notify my parent/guardian of the need for additional diabetes supplies at school.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_