

Signatures

This Diabetes Medical Management Plan has been approved by (must be signed by physician):

Student's Physician/Health Care Provider

Date

I give permission to the school nurse, trained diabetes personnel, and/or other designated staff members of _____ school to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Medical Management Plan.

Please check "yes" or "no" indicating permission

- Yes
- No

I consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child, and who may need to know this information to maintain my child's health and safety.

Please check "yes" or "no" indicating permission

- Yes
- No

School staff may monitor a student's blood sugar at school, to the best of their ability during the day; however, it would be beneficial for the parent to immediately call the office and inform the school personnel when the child's blood sugar drops or for any other concern as they are monitored remotely.

I give permission for school nurse, trained diabetes personnel, and other designated staff members to contact my child's physician regarding the management of their diabetes. I also understand that if my child has an insulin pump, all maintenance and pump malfunctions including adding insulin to the reservoir are my responsibility.

Please check "yes" or "no" indicating permission

- Yes
- No

If my child is on a continuous glucose monitor, the school is given permission to monitor the student's blood sugar on a school device, during the school day, such as an iPad, and will not be monitoring it on personal cell phones.

- Yes
- No

*NOTE: A parent's decision **not** to grant consent for our monitoring means that we will not monitor electronically, but follow the Diabetes Medical Management Plan. The parent will be responsible for monitoring their child's glucose and alerting appropriate school staff if actions are necessary on their diabetic management plan.*

School personnel will not be responsible for maintaining equipment, pump sites, or troubleshooting/correcting pump malfunctions

Please check "yes" or "no" indicating permission

- Yes I consent for school staff to monitor my child's glucose*
- No I do not consent for school staff to monitor my child's glucose*

Acknowledged and received by:

Student's Parent/Guardian Signature

Date

Student's Parent/Guardian Signature

Date