



I, \_\_\_\_\_, the parent of \_\_\_\_\_ give permission for the  
Print Parent's Name Print Student's Name  
school nurse and the designated school staff member/s to have access to my child's blood sugar  
readings via the designated app on the school iPad. I understand that the school nurse and designated  
school staff member/s are only responsible for the blood sugar readings during school hours, which are  
\_\_\_\_\_ to \_\_\_\_\_. The school nurse and the designated school staff member/s will not be  
responsible for blood sugar readings during any special event the school may host after normal school  
hours.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Thank You,

School Nurse