PEARLAND INDEPENDENT SCHOOL DISTRICT
School Health Services

Continuous Glucose Monitoring Parent/Guardian Agreement and Acknowledgment Form

Student's Name: _______ Date of Birth: _____ School Year: _____

Campus:_____Grade: _____ Teacher: _____

I authorize Pearland ISD (PISD) to have any and all access to my child's continuous glucose monitor (CGM) via the corresponding App/Program on a district-owned device only during the school hours and/or a school sponsored activity. No information will be entered in the app or program by PISD school personnel. PISD is not required to access or monitor my child's CGM app.

1. I understand that the PISD nurse or designated UDCA at my child's campus will make all final decisions regarding when and where to monitor my child's glucose via the App/Program (i.e., recess or other activities without Wi-Fi capabilities, during school and school related activities/events).
2. I acknowledge that my child is aware of the CGM alarms and understands to notify his/her teacher, school nurse, or other PISD staff when alarm sounds.
3. PISD school personnel **will not** continuously monitor my child's glucose via his/her CGM app; the app/program will be used as a supplementary tool to assist PISD personnel in monitoring my child's glucose levels.
4. I understand and agree that the physician's orders and the nurse's assessment will continue to be the primary methods for providing care to my child.
5. All treatment of glucose levels by a campus nurse or other designated unlicensed diabetes care assistant (UDCA), shall be based on a finger stick unless physician's orders, including but not limited to specific blood glucose ranges and treatment protocols, are received and the device utilized is FDA approved for the student's age.
6. I understand that I am solely responsible for calibrating my child's CGM and the calibration will be performed before or after school hours. Changing the CGM site, as directed by my healthcare provider, will occur before or after school hours.
7. I understand that I am solely responsible for the maintenance and upkeep of my child's CGM, including but not limited to, ensuring proper functioning of the CGM and that any and all software and/or program updates have been completed, and that PISD is not responsible for any functioning issue that may occur with my child's CGM.
8. I understand it is my responsibility to notify the school nurse of the use of any medications containing acetaminophen (Tylenol) as this medication can give false high CGM app readings.
9. I acknowledge that the App/Program requires wireless internet and/or other wireless services and that PISD and its employees are not responsible for wireless services, any lapse in service, software malfunction, CGM malfunction, or for notifying me of technology issues.
10. I understand that my request for PISD personnel to monitor my child's CGM is dependent on written authorization from my child's health care provider for the school use of a CGM.
11. I understand that continuous glucose monitoring on a PISD owned computer or iPad screen may not always be private. My signature below indicates a waiver and release of all claims, including a waiver and release of claims under the Health Insurance Portability and Accountability Act (HIPPA) and the Family Educational Rights and Privacy Act (FERPA) in the event my student's protected information is inadvertently released.
12. I acknowledge and agree PISD is not responsible for any lost or stolen CGM equipment.

My signature below acknowledges that I understand and agree to the terms outlined above and hold harmless Pearland ISD, it's employees, agents, representatives, and/or board of trustees, from any and all claims/causes of action, including but not limited to, damages, losses, expenses, including attorney's fees, arising out of, or resulting from the District's use of my child's CGM app/program.

_____	_____	_____
Parent/Guardian's Signature	Printed Name	Date