



Continuous Glucose Monitoring Parent/Guardian Permission and Acknowledgment Form

I am the Parent/Guardian of _____ ("child/ward") and I hereby grant permission to school personnel of the Highland Park Independent School District ("Highland Park ISD" or "District") to access the continuous glucose monitor ("CGM") of my child/ward. **In order for school personnel of the Highland Park ISD to access the CGM of my child/ward, I hereby understand, acknowledge and agree to the following:**

1. Neither law nor policy requires the Highland Park ISD to access or monitor my child's/ward's CGM or continuously monitor my child's/ward's glucose in any manner;
2. I hereby grant to the Highland Park ISD any and all access to my child's/ward's CGM, and I hereby certify that my child/ward has been trained to use and access his/her CGM;
3. Highland Park ISD school personnel will not continuously monitor my child's/ward's glucose via his/her CGM;
4. Highland Park ISD school personnel will monitor and treat my child/ward for medical reasons, including, but not limited to, monitoring and treatment for diabetes, as they do all students;
5. Should Highland Park ISD school personnel elect to access my child's/ward's CGM, they shall do so via the platform selected by the District on a District-owned device.
6. All medical treatment provided by Highland Park ISD school personnel to my child/ward for diabetes-related symptoms shall be made only after an FDA-approved finger stick and not for any reason related to my child's/ward's CGM device that is not FDA-approved for treatment;
7. CGM-based treatment decisions may be made by a device that is FDA-approved for treatment as indicated on the child's/ward's diabetes medical management plan. I understand that school personnel will check a finger stick blood glucose level in situations where they are not confident of the CGM readings;
8. I understand that medications containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify school staff when my child/ward has received acetaminophen (Tylenol);
9. I understand that my child's CGM requires wireless internet service and that the Highland Park ISD is not responsible for any lapse in wireless internet service or any wireless "connection" issues of any kind;
10. I understand that I am solely responsible for the maintenance and upkeep of my child's/ward'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 the Highland Park ISD is not responsible for any functioning issues that may occur with my child's CGM and will not use CGM reading for treatment if the device is not properly maintained and calibrated;
11. I understand that my child's/ward's CGM health information shall be displayed on a screen that a person other than Highland Park ISD school personnel may view or have access to and I therefore waive and release the Highland Park ISD from any and all claims under the Health Insurance Portability and Accountability Act (HIPAA);

_____ I hereby certify that my child will independently respond to and access his/her CGM.

_____ I hereby certify that my child will independently use his/her CGM for insulin-based treatment decisions.

_____ I hereby certify that my child requires assistance to respond to or access his/her CGM.

By execution of this document, I acknowledge and agree to the above and hold harmless the Highland Park ISD, its employees, agents, representatives, and board of trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney's fees, arising out of or resulting from the District's use, or my child's/ward's use, of my child's/ward's CGM.

Signature of Parent/Legal Guardian

Signature of Child/Ward

Date

Printed Name of Parent/Legal Guardian

Printed Name of Child/Ward

Date