



Carman-Ainsworth Community Schools: Diabetic Monitoring at School Agreement

Electronic Monitoring Consent Form:

I, _____ (Parent/Guardian, print name), hereby authorize Carman-Ainsworth Community Schools, school designated staff, to monitor my student's health condition via my student's medical device for the current school year.

By signing this consent, I understand that:

- Data will be accessed and monitored **during school hours only**, as needed, for **individual assessment** of my student's health status.
- **Continuous monitoring or clinical diagnoses** will **not** be conducted by district personnel.
- Use of information will comply with the **district technology use policy** and the student's **Individualized Health Plan (IHP)**.
- If my student uses a **continuous glucose monitor (CGM)**, I must provide the school with a **manual glucometer and applicable unopened, non-expired testing supplies** to be used if the CGM is unavailable or malfunctions.

Quality Controls of Glucometers:

- **Self-carry and Continuous Glucose Monitors:** I will ensure that all of my student's testing equipment sent to and from school is **checked with Quality Controls per manufacturer guidelines** at recommended intervals.
- I understand that I am responsible for providing the school with **non-expired, unopened quality control supplies** for my student's glucometer and for **replacing testing supplies every 3-6mos, according to manufacturer's guidelines**.

Glucometer model my student will be using:

(Manual Glucometer)

(Continuous Glucose Monitor)

Electronic monitor check list:

Item	Provided
Manual glucometer	_____
Extra batteries	_____
Unopened Test strips	Exp. date: _____
Unopened Quality control (high/low) solutions	Exp. date: _____
Lancets	_____
Lanceling device	_____
Alcohol swabs	_____

Student Name _____
(please print)

School: _____

Parent/Guardian Signature _____ Date: _____/_____/_____
_____/_____/_____

(Principal Signature)

(Date)