Fort Bend Independent School District
School Health Services
Continuous Glucose Monitor Agreement and Waiver

Student Name: _____ ID:_____ DOB: _____

Campus:_____ Grade:_____ HR Teacher:_____

By signing below, I acknowledge that I, the parent/guardian of the above-named student,

- Authorize trained Fort Bend ISD employee to have access to my child's Continuous Glucose Monitor (CGM) application/program on a Fort Bend ISD-owned device during school hours.
- Understand and agree that the physician's orders (DMTP), Individualized Healthcare Plan (IHP), and the nurse's assessment will continue to be the primary methods for providing care to the student. The CGM app/program on a district provided device will be used as a supplementary tool to assist trained Fort Bend ISD employees in the monitoring of student glucose levels.
- Understand and agree that the 504 plan or Individualized Education Plan (IEP) will reflect the physician's orders (DMTP), and Fort Bend ISD employees are responsible for monitoring the student's glucose on the CGM app/program as ordered by the physician's orders (DMTP).
- Understand that my request for trained Fort Bend ISD 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. All diabetes treatment by a campus nurse or other designated Unlicensed Diabetes Care Assistant (UDCA), shall be based on a finger stick only and not upon the CGM app alarms or notices 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.
- Understand that calibration of the CGM and changing the CGM site will not be performed by the school nurse.
- Understand that Acetaminophen may affect the accuracy of CGM readings, therefore it is the parent/guardian's responsibility to notify the school nurse of the use of any medications containing Acetaminophen.
- Understand that trained Fort Bend ISD employees, such as the school nurse or UDCA, will respond to low and high Blood Glucose (BG) alarms rather than trends. Alarm settings and guidelines will be set in accordance with the student's DMTP and written IHP plan.
- Understand that the Fort Bend ISD 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 WiFi capabilities).
- Acknowledge that my child is aware of the CGM alarms and understands to notify their teacher, school nurse, or other Fort Bend ISD staff when an alarm sounds.

- Acknowledge that the app/program requires wireless internet and/or other wireless services and that Fort Bend ISD and its employees are not responsible for wireless services, any lapse in services, software malfunction, CGM malfunction, or for notifying me of technology issues.
- Understand that intermittent CGM monitoring on a Fort Bend ISD owned district device may not always be private.
- Waive and release Fort Bend ISD and its employees from any and all claims in the event my child's protected information is inadvertently released.
- School nurses and/or trained FBISD employees will make best efforts to respond to CGM alarms. However, the District does not guarantee the availability of the school nurse or trained FBISD employee to monitor the CGM readings as a result of clinic caseload, related responsibilities, or in the event of a school-related emergency.
- The District is immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with Texas Education Code § 22.052. The District makes no warranties, guarantees, or promises regarding the response time or availability of nurses and/or trained FBISD employees when a CGM alarm is activated. Any alarm requirements or settings should be outlined in writing in the student's DMTP.

Printed Name:_____ Relationship to Student: _____

Signature:_____ Date: _____