Hazelwood School District

Parental Consent to Continuous Glucose Monitoring (CGM)

Student Name_____ DOB_____

Building(s)_____Year_____Grade_____

I authorize the Hazelwood School District (HSD) School nurse or trained designee to have access to my child's continuous glucose monitor (CGM) or Automated Insulin Delivery system (AID) via a sharing application (app) or program on an HSD owned device during school hours. Any requested monitoring during school activities outside of school hours will be discussed on a case-by-case basis. No information will be entered into the App or Program by HSD personnel. I acknowledge that no HSD employee is responsible for and/or will constantly monitor my child's glucose level on the app/program; the app/program will be used as a supplementary tool to assist the school nurse or trained designee in monitoring student glucose levels. I understand and agree that the physician's orders, diabetes medical management plan (DMMP), and the nurse's assessment will continue to be the primary methods for providing care to my child.

All treatment of glucose levels and insulin administration by nurse or trained designee shall be based on the parameters set forth in the DMMP. I understand that routine calibration of the CGM/AID and site changes of the CGM/AID shall be performed at home. If unscheduled site changes or calibrations need to be performed at school, the parent will 1) come to the school to perform these tasks, 2) provide physician's / MD orders for school staff to perform these tasks and train the school nurse or their designee, or 3) verify that the student is capable of performing these tasks.

I acknowledge that alarms are set to indicate action is needed and should minimally disrupt the educational day. The alarms will be set by parents in accordance with the ranges provided in the DMMP. I acknowledge my child is aware of the CGM/AID alarms and understands how to notify their teacher, school nurse or other HSD staff when an alarm sounds.

I also acknowledge that the app/program requires wireless internet and/or other wireless services and that wireless services cannot be guaranteed to have 100% uptime or availability. HSD and its employees are not responsible for wireless services [other than HSD district operated service set identifiers (SSID)], any lapse in service, software malfunction, CGM/AID malfunction, or for notifying families of technology issues.

I understand that my request for HSD staff to monitor my child's CGM/AID is dependent on written authorization from my child's healthcare provider for the school use of a CGM/AID.

I also understand that continuous glucose monitoring on an HSD owned device 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 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) in the event my student's protected health information is inadvertently released.

I give my consent for the school nurse to contact the healthcare provider for any questions regarding the DMMP and use of the CGM/AID.

Parent/Guardian name (printed) _____

Parent signature _____

Date _____