

KASSON-MANTORVILLE SCHOOLS

"Commitment To Excellence"

Independent District # 204 • 101 16th St NE • Kasson, MN 55944-1610

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DexCom Follow Consent Form

Student Information

Student Name: _____

Date of Birth: _____ Grade: _____

School Name: _____

Dexcom Follow Permission & Terms

I authorize the school nursing staff to view and monitor my student's Continuous Glucose Monitoring (CGM) data via the Dexcom Follow application during school hours.

I understand and agree to the following conditions:

- **Primary Responsibility:** The school's access to CGM data is a secondary monitoring tool. The student/parent remains primarily responsible for maintaining device connectivity, sensor replacement, and receiver maintenance.
- **Connectivity & Alerts:** Device readings depend on active cellular/Wi-Fi connection and Bluetooth. School staff cannot guarantee uninterrupted signal or immediate alert response if technical delays occur or staff is away from the monitoring device.
- **Treatments:** Treatment decisions (such as treating hypoglycemia or administering insulin) will follow the student's Diabetes Medical Management Plan (DMMP) on file and, when necessary, be verified via blood glucose meter.

Parent/Guardian Action Required: Invite School Nursing Staff

To enable monitoring, please issue a Dexcom Follow invitation from the student's primary Dexcom app to the school health office:

School Health Office Email: kmhealth@komets.k12.mn.us

DisplayName/Identifier: _____

Parent/Guardian Authorization

Parent/Guardian Name (Printed): _____

Signature: _____ **Date:** _____

Primary Phone: _____ **Alternative Phone:** _____