ST. MICHAEL - ALBERTVILLE SCHOOLS
EXCELLENCE IS OUR TRADITION

Albertville Primary | Big Woods | Fieldstone | St. Michael Elementary
Health Services Department

Parent request for School Personnel to Access Continuous Glucose Monitoring via an Online Computer Application or Program

Student Name: _____ Date of Birth: _____
School Building: _____ School Year: _____

Neither law nor policy requires ISD 885 Health Services Department to access or monitor my child's continuous glucose monitor (CGM) or continuously monitor my child's glucose in any manner.

- I authorize ISD 885 Health Services Department personnel to access my child's continuous glucose monitor (CGM) on a ISD 885 owned device during school hours via a corresponding online application or program. No information will be entered into the application or program by ISD 885 Health Services Department school personnel.
- I acknowledge that no ISD 885 employee is responsible for or will constantly monitor my child's glucose on the application or program; the application or program will be used as a supplementary tool to assist ISD 885 Health Services Department personnel in monitoring student glucose levels. I understand and agree that the physician's orders, daily treatment plan, and school nurse's assessment will continue to serve as the primary methods for providing care to my child.
- All treatment of glucose levels or insulin by ISD 885 Health Services or ISD 885 staff personnel shall be based on reading provided by FDA-approved devices and/or a finger stick.
- I understand that medications containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify school personnel when my child has received acetaminophen (Tylenol).
- I understand that the ISD 885 Health Services professional at my child's school building will make all final decisions regarding when and where to monitor my child's glucose via the application or program.
- I acknowledge that my child is familiar with CGM alarms and understands to notify their teacher, school nurse, or other ISD 885 staff when an alarm sounds.
- I also acknowledge that the application or program requires wireless internet and/or other wireless services, and that ISD 885 and its employees are not responsible for wireless services other than ISD 885 district operated service set identifiers (SSID), any lapse in service, software malfunction, CGM malfunction, or for notifying me of technology issues.
- I understand that my request for ISD 885 Health Services personnel to monitor my child's CGM is dependent on written authorization from my child's health care provider for school use of CGM.
- I also understand that continuous glucose monitoring on an ISD 885 owned device may not always be private and I therefore waive and release ISD 885 from any and all legal claims pertaining to the release of information to third parties outside of the school district.

My signature below indicates a waiver and release of all claims, including a waiver and release of claims under the Family Educational Rights and Privacy Act (FERPA) in the event my student's protected information is inadvertently released. By my signature below I acknowledge that I understand and agree to the terms outlined above.

Parent printed name: _____
Parent signature: _____ Date: _____