Policy 505.4E2 Diabetes Supply Self-Management Consent Form

This order is valid only for school year (current) _____ unless revoked by the parent, physician, or school nurse, or if the student fails to comply.

Name of Student:_____ Date of Birth:_____

School:_____ Grade:_____

This form must be completed fully in order for a student to self-carry and use equipment and supplies for self assessment and self-administration of diabetes treatment medications, as well as for storage and disposal of sharps while at school. The following requirements must be met in order for your child to carry his/her Diabetes supplies/medications at school:

- Section 1 must be completed and signed by the prescribing provider.
- Section 2 must be completed and signed by a parent and guardian.
- The student must comply with all instructions and regulations associated with carrying and administering the Diabetes supplies and medications.
- Prescription medication must be in an original container labeled by the pharmacist or prescriber.

Section 1- Prescriber Authorization

I, THE UNDERSIGNED, certify that _____has a
(Student Name)

diagnosis of Diabetes, is independent and can perform Diabetes care, and has approval to self-administer his/her Diabetes care including:

▫Glucose monitoring ▫Insulin calculation and administration(including pump operation and equipment)
The student understands that he/she is to immediately report to the school health office as soon as symptoms of high or low blood sugar appear, when not feeling well, or when he/she has self administered Insulin or other medications.

Prescriber Name/Title:_____ Telephone:_____

Fax:_____ Address_____

Prescriber Signature:_____ Date:_____

Section 2- Parent/Guardian Authorization

I, THE UNDERSIGNED, request and authorize my child_____ to self-carry/administer his/her Diabetes care supplies and medication while at school. This authorization is given based on the following:

- My child is capable of, and has been instructed in the proper self-administration of these supplies and medication(s) AND will immediately notify the school nurse or other staff should he/she have symptoms of high or low blood sugar, not feeling well, or when he/she has self-administered Insulin or other medications

Board Reviewed and Approved: 08/13/18

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- I understand that my child shall be permitted to carry his/her supplies and medication(s) at all times as long as he/she does not endanger him/herself, or endanger other people, AND does not misuse the medication(s)
- I understand that I am responsible for providing back-up Diabetes supplies and medication(s) to be housed in the school office
- I understand that if my child misuses or exceeds the prescribed dose, or endangers others, school employees may take student's diabetes supplies to the health office for safe storage and proper use.
- I further understand that the Muscatine Community School District, its employees or agents shall not incur any liability as a result of any injury arising from the performance of self-assessment procedures and/or the self-administration of medication (s) nor from any injury arising from the student carrying and disposing of equipment and supplies to perform these procedures, and shall exempt from liability and hold harmless school employees or agents against any claims arising from out of the performances of these procedures or storing and disposing of equipment and supplies to perform them.

Parent/Guardian Signature_____ Date:_____

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