**Self-Management of Diabetes at School**

**Consent/Release Form**

**This form is required annually and must be accompanied by the following:**

* **Signed physician authorization for self-management of diabetes at school.**
* **Current written medical management plan. The school can provide a form for you.**
* **We strongly recommend you allow us to keep an extra supply of your child’s medications at school.**

**PARENT/GUARDIAN: By signing below, you acknowledge the following:**

1. You are requesting that your student be allowed to self-manage his or her diabetic condition at school.
2. You have confidence that your student has the knowledge and skills needed to self-manage his/her condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for diabetes cares. Your child may request assistance from qualified school health personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of diabetes care or medical supplies, you shall be responsible for any and all costs associated with such injury.
5. The school and its employees are not liable for any injury or death arising from a student’s self-management of his/her diabetic condition.
6. You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student’s self-management of his/her diabetic condition.
7. My child is independent with his/her diabetic care, and I realize the nurse/school will not have access to glucagon or Baqsimi for hypoglycemic emergencies unless I provide them to the school/nurse.
8. The nurse and/or trained personnel may provide assistance with glucagon administration during an emergency. The nurse would need parents/guardians to supply that medication in case of an emergency.

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Student Name (Print)

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date



**STUDENT: By signing below, you agree that you understand the following:**

1. You must not share, or allow another student to handle, your medications or supplies.
2. If you need your medications, and you do not feel better after using them, you will notify a teacher that you need help, or you will come to the school health office.

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Date

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Student Name (Print)

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Student Signature

