AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES

Student: ____  School/Grade: ____

STUDENT

☐ I agree to dispose of any sharps either by keeping them in my kit and disposing at home, or placing them in the sharps container provided at school.

☐ I will notify the health office if my blood sugar is below ___ mg/dl or above ___ mg/dl.

☐ I will not allow any other person to use my diabetes supplies.

☐ I plan to keep my diabetes supplies: ___________________________ with me ________________ in the school health office ___________________________ in an accessible and secure location (located in _______________)

☐ I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

Student’s Signature: ________________________________ Date: ______________

PARENT/GUARDIAN

☐ I agree that my child can self manage his/her diabetes and can recognize when he/she needs to seek the help of a staff member.

☐ It has been recommended to me that back up supplies be provided to the health office for emergencies.

☐ I understand that this contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

Parent’s Signature: ________________________________ Date: ______________

SCHOOL NURSE

☐ School staff members that have the need to know about the student’s condition and the need to carry their diabetes supplies have been notified.

School Nurse’s Signature: ________________________________ Date: ______________