AGREEMENT FOR STUDENTS SELF-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
* I understand that the freedom to self- manage my diabetes is a responsibility 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 Parent/Guardian or 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_