

AGREEMENT FOR STUDENTS SELF-MANAGING DIABETES

Student: _____ School/Grade: _____ School Year: 20____-20____

STUDENT:

- I agree to dispose of any sharps either by keeping them in my kit and disposing at home, or by placing them in the sharps container provided at school.
- I will notify health office staff 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 will keep my emergency glucose product: _____ in the following location: _____
- 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 and a copy of my child's orders from his/her provider be given 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 my 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:

Form of insulin administration: Pump (include model) _____, pen _____, or syringe & vial _____

Form of checking BG levels: CGM (include model) _____ or blood glucose monitor _____

