

**AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES**

STUDENT \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ SCHOOL/GRADE \_\_\_\_\_

PARENT \_\_\_\_\_ PHONE # \_\_\_\_\_

**STUDENT**

- I agree to dispose of any sharps properly, either by keeping them in my kit and disposing of them at home or placing them in the sharps container provided at school.
  
- I will notify school personnel if my blood sugar is below \_\_\_\_mg/dL or above \_\_\_\_mg/dL.
  
- I will not allow any other student to handle my diabetic supplies.
  
- I agree to keep my diabetes supplies with me at all times. Extra supplies may be stored in the front office/first aid room.
  
- While in school or at school-sponsored activities, I am required to carry the following diabetic supplies:
  - 1. Blood glucose meter, blood glucose test strips, batteries for meter
  - 2. Lancet device, lancets
  - 3. Urine ketone strips
  - 4. Insulin pump and supplies
  - 5. Insulin pen, pen needles, insulin cartridges, , syringes
  - 6. Fast-acting source of glucose
  - 7. Carbohydrate containing snack
  - 8. Glucagon emergency kit
  - 9. Bottled Water

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

- I agree that my student is competent to self-manage their diabetes and can recognize when they need to seek the help of a staff member.
  
- I will provide extra supplies for emergencies. (juice and snacks)
  
- I will provide current orders and permission forms signed by the physician.
  
- I understand that this contract is only valid for the current school year and for all after school activities.
  
- I understand that the procedures above are for the safety of my student and this contract can be revoked due to non-compliance.
  
- In the event that my student becomes unable to self-manage their diabetes, I will provide staff with one week notice in order for alternative arrangements to be made.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SCHOOL NURSE**

- School and athletic staff that have the need to know about the student's conditions and self-management plan have been notified.
  
- I have received current physician orders for the student indicating that the student may self-manage their diabetes.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN**

**\*\*Check those that apply to the students level of independence\*\***

- \_\_\_ Student may be independent in the management of their diabetes care during school hours.
  
- \_\_\_ Student may be independent in the management of their diabetes care during after school hours and or sporting events.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_