

**Lubbock-Cooper ISD**  
**Department of Health Services**

Parent Request for School Personnel to Access Continuous Glucose Monitoring via an Online Computer Application or Program

Student Name		Date of Birth	
Campus		School Year	

I authorize LCISD Department of Health Services personnel to access to my child's continuous glucose monitor (CGM) on a LCISD-owned device during school hours and/or a school-sponsored activity via a corresponding online application or program. No information will be entered into the application or program by LCISD school personnel.

I acknowledge that no LCISD employee is responsible for or will constantly monitor my child's glucose on the application or program; the application or program will be used as a supplementary tool to assist LCISD Health Services personnel in monitoring student glucose levels. I understand and agree that the physician's orders, daily treatment plan, and school nurse's assessment will continue to serve as the primary methods for providing care to my child.

All treatment of glucose levels or insulin by a campus nurse or other LCISD personnel shall be based on readings provided by FDA-approved devices and/or a finger stick.

I understand that the LCISD Health Services professional at my child's campus will make all final decisions regarding when and where to monitor my child's glucose via the application or program.

I acknowledge that my child is familiar with CGM alarms and understands to notify their teacher, school nurse, or other LCISD staff when an alarm sounds.

I also acknowledge that the application or program requires wireless internet and/or other wireless services, and that Lubbock-Cooper ISD and its employees are not responsible for wireless services other than Lubbock-Cooper ISD district operated service set identifiers (SSID), any lapse in service, software malfunction, CGM malfunction, or for notifying me of technology issues.

I understand that my request for LCISD personnel to monitor my child's CGM is dependent on written authorization from my child's health care provider for school use of CGM.

I also understand that continuous glucose monitoring on an LCISD-owned device may not always be private. My signature below indicates a waiver and release of all claims, including a waiver and release of claims under the Family Educational Rights and Privacy Act (FERPA) in the event my student's protected information is inadvertently released.

By my signature below I acknowledge that I understand and agree to the terms outlined above.

Parent signature:	
Parent printed name:	
Date:	