

Ware County School Health Services
Diabetic Plan of Care Request Form for School Year 2023 - 2024

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Student Information

Student Name: _____ DOB: ___/___/___ Sex: _____ Race: _____
School: _____ Homeroom Teacher: _____ Grade: _____

My child is receiving Special Ed Services: ___ yes ___ no If yes, are Nursing Services included in the IEP: ___ yes ___ no

Physician Information

Physician Name: _____ Office Number: _____

Practice/Company Name: _____

This document services as a request for a current Diabetic Plan of Care for the above stated child.

Parental/Guardian Consent for Medication Administration Provided by School Health Services
Based on the Diabetic Plan of Care

Parent/Guardian must also complete a Parental/Guardian Consent for School Health Services Form

I hereby request and authorize the principal and his/her designee to:

- I give permission for the school health representative to administer or assist my child with the medication(s) or procedure(s) as prescribed by his/her physician and as directed on the label of the current original medication container I provided.
- I give permission for my child's physician(s) to release any medical records to my child's school health representative.
- I give permission for the school health representative to release medically related records to my child's physician(s).
- I give permission for the school to seek emergency medical services for my child if necessary.

Parental Guidelines for Medication Administration at School Based on the Diabetic Plan of Care:

- Prescription medications cannot be transported by a student. A parent/guardian/adult must bring medication into the school to the school nurse or designated staff.
- Please provide the most current properly labeled prescription container and medication. It is recommended that a monthly dose be provided for routine medications.
- Upon receipt at the school, all medications must be counted by the parent/guardian and the school nurse (or designee) with the amount received properly documented.
- The Medication Authorization form must be completed and signed by the student's physician as well as signed by a parent. If any information changes, it is the parent's/guardian's responsibility to notify the clinic in writing. If the medication or dose is changed, a new form must be completed.
- It is the parent/guardian's responsibility to keep up with providing the medication in a timely manner to the nurse BEFORE the student is out of medication.
- Parents or legal guardians are responsible for picking up unused medications at the end of the school year or when the student withdraws from the school. The nurse will destroy any medications remaining at the school after the last scheduled day of school for the current school year.
- Parents or legal guardians are responsible for quality control checks of any medical devices used at school (examples: glucometer, continuous glucose monitoring devices, etc.).

I have read this form and I understand that school personnel will administer the medication(s)/procedure(s) in accordance with the school system's procedures. I understand my responsibility toward the school personnel who are agreeing to assist me in this matter of medication for my child while at school. I agree that the school system and personnel will not be held legally responsible or liable for any illness or damage that may result from administration or lack of administration of this medication/procedure to my child or from the storage of medication supplies for my child. I agree to provide any and all supplies and equipment necessary to carry out this request.

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature X _____ Date: _____