

Chattahoochee County School System
Cusseta, GA 31805

Written Authorization for Self-Care of Diabetes

Student Name _____ School/Grade _____

I, _____, parent/legal guardian of the above named student hereby request that my child be allowed to care for their diabetes independently while at school, at school sponsored activities, while under supervision of school personnel, and while on school operated property.

I understand that:

- The school district and its employees shall incur no liability for any injury to the student caused by:
 - a.) The self administration of his/her diabetes medication and/ or blood glucose monitoring;
 - b.) The student's use, misuse, overuse, neglected use, or failed use of his/her diabetes medication and/or blood glucose monitoring;
 - c.) Lost, misplaced, outdated, inaccessible, empty, or faulty diabetes medications and/or devices.
- The school may choose to require supervision of the medication administration in the event that the student does not demonstrate appropriate use or proper technique in diabetic care of himself or herself.
- The student may choose to leave his/her diabetic medication and supplies in the clinic and come to the clinic to provide care for himself or herself in a confidential and controlled environment.
- The student may see the school nurse or other designated personnel as needed in relation to signs or symptoms of hypoglycemia or hyperglycemia.
- The school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or use of blood glucose monitoring and/or diabetic medications and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

I take sole responsibility for:

- A copy of current M.D. orders being on file with the school nurse.
- The monitoring of diabetes medication and/or blood glucose monitoring equipment and supplies, proper use of medication, and refills of medication and supplies needed while caring for themselves at school.
- Being responsible for recording, supervising, or monitoring the use of diabetes medication and blood glucose monitoring. I will ensure that student carries medication and supplies on his/her person and deciding if back-up medication and/or supplies will be provided to the school clinic.
- Student being knowledgeable in proper disposal techniques of sharps (lancets, needles, etc) and that all sharps will need to be disposed of properly in the school clinic or at home.
- Informing the school in writing of any changes in treatment, of any exacerbations, hospitalizations, and/or new or changed student information, and of any side effects that warrant communication with parent/guardian, & coordinate distribution of the student's diabetic management plan to school staff. (Teacher, nurse, PE teachers, before or after school staff)

I understand & agree to the conditions of the school district policy. I permit the school to seek emergency care for the student if deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above named student. I release the Chattahoochee County School District, its agents, and its employees from any legal responsibility related to the above named student's possession and administration of his/her diabetic medication.

Parent/Guardian Signature

Date

I have been instructed in the proper use of my diabetic medication and blood glucose monitoring equipment and fully understand when and how to use them. I will always carry my medication/equipment with me and will not allow another student to use my medication under any circumstance. I agree to the terms of the school policy.

Student Signature

Date