

Student/Parent/School
Diabetes Management Responsibility Agreement

Student: _____ DOB: _____ School Year: _____

Student Responsibilities:

- ___ Special considerations for diabetes management will be handled responsibly by the student, as age appropriate.
- ___ Carry a fast-acting glucose source at all times for treatment of low blood glucose levels.
- ___ Student should wear medical identification. (bracelet, necklace, ring, or card)
- ___ School diet is important, and students should make responsible choices.

Parent/Guardian Responsibilities:

- ___ Keep emergency contact information updated throughout the year.
- ___ Provide school with completed and signed Permission to Assist with Medication forms and Diabetes Medical Management Plan.
- ___ Provide monitoring equipment and supplies needed for individual diabetes management. (Blood Glucose Monitor, lancet/device, test strips, alcohol swabs, glucose tabs/gel, insulin pen, continuous glucose monitor supplies, needles, glucagon/dasiglucagon, ketone strips, fast acting glucose source, snacks, and a plan for carrying medication safely if ordered).
- ___ Replenish supplies in a timely manner.
- ___ Provide appropriate training in the use of all equipment and calibration of glucometer.
- ___ Attend parent/teacher conference at the beginning of school year or as needed to assist in developing plan of care for school day, field trips, after school activities, parties, etc.).
- ___ Keep school staff informed of any changes in diabetes management.
- ___ Discuss authorization to release medical information and consent to fax forms.

School Responsibilities:

- ___ Bay District Schools personnel and Bay District Schools contracted providers must be able to recognize signs/symptoms & assist with interpretation of BG results and apply appropriate treatment. Early recognition and treatment of hypoglycemia (low blood glucose) is vital to avoid progression to the more serious symptom of unconsciousness and/or seizures.
- ___ Lunchroom personnel should accommodate dietary needs with appropriate substitutes. (sugar free foods and fresh fruit) if requested in writing by both physician and parent.
- ___ Designated school staff agree to be trained in basic diabetes management, recognition of signs/symptoms and appropriate referrals. Field trip coverage must be discussed.
- ___ Students should have unlimited access to water and bathroom privileges.
- ___ Students should be allowed to check blood glucose levels at anytime during the day.
- ___ Children should be able to participate in all school activities, to include, parties, athletic events, sports, fieldtrips, and after school programs.
- ___ Students with diabetes that are having physical complaints or symptoms **MUST be accompanied by an adult at all time. DO NOT SEND ALONE** to the bathroom, health room or office.

Page 2 - **Diabetes Management Responsibility Agreement**

Student: _____ DOB: _____ School Year: _____

School Health Responsibilities:

- ___ The School Nurse will establish liaison between the student, parent, physician, and school personnel.
- ___ School Nurse will attend parent/teacher conference at the designated time of school year to determine expectations, responsibilities and develop an Emergency Action Plan (EAP).
- ___ School Nurse will inform school personnel of students with diabetes. (Principal, Office, Teacher, Special Area Teachers, PE Coach, Cafeteria Manager, Media Center & Bus Driver).
- ___ School Nurse will train school staff in diabetes management and medication administration as directed by the principal.

Responsibility Agreement:

	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Student:	_____	_____	_____
Parent/Guardian:	_____	_____	_____
School Personnel & Title:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
School Nurse:	_____	_____	_____