

LCSD#2 AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES

Student Name: _____ School Year: _____ Grade: _____

Student

- I agree to dispose of any sharps either by keeping them in my kit and disposing at home or placing them in the sharps container provided at school.
- I will notify the health office if my blood sugar is below ___mg/dl or above ___mg/dl.
- I will not allow any other person to use my diabetes supplies.
- I plan to keep my diabetes supplies:
 - With me (List: _____)
 - In the Health Office (List: _____)
- I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

Student Signature: _____ Date: _____

Parent / Guardian

- I agree that my child can self-manage his/her diabetes and can recognize when he/she needs to seek the help of a staff member.
- It has been recommended to me that back up supplies be provided to the health office for emergencies.
- I understand that this contract is in effect for the current school year unless revoked by the physician, school nurse, or the student fails to meet the above safety contingencies.

Parent's Signature: _____ Date: _____

Physician

- I agree that the student can self-manage his/her diabetes and can recognize when he/she needs to seek the help of a staff member.

Physician Signature: _____ Date: _____

School Nurse

- School staff members that have the need to know about the student's condition and the need to carry their diabetic supplies have been notified.

School Nurse's Signature: _____ Date: _____

