

Diabetes Management at School – Agreement

Student Name: _____ School Year: ____ - ____

School: _____ Birth date: _____ Grade: _____

PARENT/GUARDIAN TO COMPLETE:

We (I), _____, request that the specialized health care service prescribed by the student's health care provider be provided for the student. We (I) authorize the school to appoint a qualified designated person(s) to ensure the prescribed treatment is provided in the absence of the school nurse. We (I) agree to immediately notify school personnel of any change in either the student's treatment regimen or the authorizing health healthcare provider.

THE FOLLOWING INFORMATION IS NECESSARY FOR WALLA WALLA PUBLIC SCHOOLS STUDENTS REQUIRING PRESCRIBED MEDICATION IN SCHOOL; **PARENT must sign this form and ensure the school as the Medical Management orders from the Healthcare provider.**

1. I request permission for the above student to use medication according to the healthcare provider's medication order as part of the Diabetes Medical Management Plan for school.
2. I assume responsibility for the safe delivery of medication AND SUPPLIES to school, either by myself or the student.
3. I will notify the school immediately if there is any change in the student's Medical Management Plan.
4. I authorize Walla Walla Public Schools Health Services personnel to communicate with the student's healthcare providers as necessary concerning the medical management of the student at school.
5. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

In addition:

1. I am responsible to assure the student regularly monitors blood glucose and is compliant with medication regime as prescribed.
2. I am to maintain regular appointments with the prescribing healthcare provider and the student.
3. This agreement will last for only one academic school year (including summer classes if applicable).

Signature(s) of Parent or Guardian

Date

Home Phone

Cell Phone

Work Phone