



REQUEST AND CONSENT CARE OF STUDENT WITH DIABETES

Student's Name: _____ Teacher: _____

Birth Date: ___/___/___ (dd/mm/year) School: _____

Home Address: _____ Phone Number: _____

I/We/Parents/Guardians understand that:

- We are responsible for ensuring that:
 - Blood glucose monitoring items are contained in a safe container, labelled with my child's name;
 - There is a supply of fast acting sugar (oral glucose, orange juice, etc.) at the school; and
 - We have completed the *Kids with Diabetes Information Card*, updated the card on a timely and ongoing basis to be shared with the child's teacher and principal.
- School staff is not an expert in recognizing the symptoms of my child's medical condition or in treating it. However, they will do their best with the information and resources they have. School staff is not responsible for:
 - Storing insulin overnight
 - Determining procedure related to blood sugar results
 - Providing a supply of fast acting sugar and
 - Administration of subcutaneous injection of glucagons and/or insulin
- To the extent my child is able, he/she has been trained by me or by health professionals, recognizes his/her own need for intervention/medication and responds to it by requesting intervention or by self administering the appropriate medication.
- Where practical, my child is responsible for the necessary medication and apparatus.
- In the event of an emergency (low blood sugar resulting in my child not being able to swallow a sugar source, become unconscious or possible seizure), I/we authorize the school staff to obtain emergency services and to authorize such emergency treatments as necessary. I agree to assume responsibility for all costs associated with medical treatment.
- I/we give permission that the *Kids with Diabetes Information Card* with a picture of my child can be posted in appropriate locations in the school.
- I/we give permission for the principal, my child's teacher or school staff caring for my child to contact the designated medical personnel (i.e. Core Diabetic Team, physician) with the purpose of needing more information/knowledge and support about diabetes.

**I hereby acknowledge my responsibilities, and agree to carry these out to the best of my ability.
I agree to notify the school in writing of any changes to the information provided for the Medical Care Plan.
I agree that the information provided will be shared on a need-to-know basis with anyone who will be involved in the care of my child on behalf of the school.**

Parent/Guardian: _____ Date: _____
(Signature)