

# AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES

Student: \_\_\_\_\_

School/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 \_\_\_\_\_ in the school health office \_\_\_\_\_ in an accessible and secure location (located in \_\_\_\_\_)
- I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

Student's 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 or the student fails to meet the above safety contingencies.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL NURSE

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

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_