



## Self-management of Diabetes at School Consent/release Form

This form is required annually and must be accompanied by:

- Signed physician authorization for self-management of diabetes at school.
- Current written medical management plan. The school can provide a form for your use.
- We strongly recommend you allow us to keep an extra supply of your child's medications at school.

**PARENT/GUARDIAN: By signing below, you acknowledge the following:**

1. You are requesting that your student be allowed to self-manage his or her diabetic condition at school.
2. You have confidence that your student has the knowledge and skills need to self-manage his or her diabetic condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for diabetes cares. Your child may request assistance from qualified school health personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of diabetes care or medical supplies, you shall be responsible for any and all cost associated with such injury.
5. The school and its employees are not liable for any injury or death arising from a student's self-management of his or her diabetic condition.
6. You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student's self-management of his or her diabetic condition.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**STUDENT: By signing below, you agree that you understand:**

1. You must not share, or allow another student to handle, your medications or supplies.
2. If you need your medications, and you do not feel better after using them, you will notify a teacher that you need help, or you will come to the school health office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name