

(1) CONSENT FORM FOR GLUCOSE MONITORING

Parents/legal guardians of students requesting that blood sugar level be monitored during school hours by school staff* are required to provide for the school: 1) a statement from the physician and 2) a parental release for the administration of the procedure.

Student's name _____ DOB _____

Home Address _____ School _____

Physician's Order for Glucose Monitoring by School Personnel

I am requesting that glucose monitoring be done during school hours. Purpose or condition for which prescribed _____

Time of monitoring: _____

Instruction for monitoring: _____

Has child received instruction for self-administration? Yes No

Could child receive instruction for self-administration? Yes No

I would like the following information sent to me relative to student's condition:

Physician's signature _____ Date _____

Office address _____ Phone _____

(2) Parental Release for Administration of Procedure

I request this procedure be administered as prescribed and the above information be released to the physician as requested. In an acute emergency, student will be transported by ambulance to the nearest emergency receiving hospital. Transportation in non-acute situations is the responsibility of the parent. Any charges incurred are the responsibility of the parent.

I release school personnel from any liability in relation to the administration of this procedure at school.

_____ Date _____

(Signature of parent/guardian)

ADMINISTRATION OF THIS PROCEDURE WILL NOT NECESSARILY BE DONE BY A SCHOOL NURSE.

We have glucometer III machines in all health offices and health paras will be trained to do this procedure by the school nurse.