

**SOUTH EASTERN SCHOOL DISTRICT  
Student Contract for Carrying Diabetic Supplies on Person**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Date \_\_\_\_\_

I am planning to carry the following diabetic supplies on my person for accessibility in an emergency and/or for self care:

\_\_\_\_ Glucometer \_\_\_\_ Glucagon \_\_\_\_ Insulin \_\_\_\_ Syringes \_\_\_\_ Other

I agree to:

- \*Follow the medication orders given to me by my health care provider.
- \*Follow the instructions of my healthcare practitioner on proper safety precautions for handling/disposing of medications and equipment.
- \*Use my medication and medicine devices correctly when giving myself medicine.
- \*Not allow anyone else to use my medication.
- \*Notify the school nurse or health aide immediately after using diabetic supplies.
- \*Keep my medication with me in school, during after school activities, when being transported to and from school, and when going on field trips.
- \*Ask my parents to provide additional supplies in case I forget mine.

I understand that permission for self-administration of medication may be taken away and the medication confiscated if I am unable to follow the safeguards listed above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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I request that the school comply with the instructions of my child’s healthcare practitioner and give permission for my child \_\_\_\_\_ to carry the prescribed diabetic equipment/supplies. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child’s condition. I do release, discharge and agree to indemnify and hold harmless the South Eastern School District, its agents, and employees, from any and all responsibility, liability, loss, and claim of whatsoever nature resulting from use or non-use of any diabetic equipment/supplies and from any and all illness or injuries resulting therefrom.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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- On assessing this student, I find he/she is able to:
- \_\_\_\_ Demonstrate proper technique for use of diabetic supplies
  - \_\_\_\_ Verbalize knowledge of blood precaution practices.
  - \_\_\_\_ Verbalize the correct dose of medicine.
  - \_\_\_\_ Identify signs and symptoms hyperglycemia or hypoglycemia
  - \_\_\_\_ Accurately state the safe use of diabetic supplies (e.g., not shared, used only as indicated, etc.).
  - \_\_\_\_ Report to the school nurse blood glucose readings, carbohydrate count, and insulin dosage as needed and before leaving school for the day.

The student has demonstrated knowledge about and proper use of his/her diabetic supplies.

Signature of School Nurse \_\_\_\_\_ Date \_\_\_\_\_