



Diabetes Medical Management Parental Consent

I, _____
(parent/guardian), give permission to school nurse or other
qualified healthcare professional or trained unlicensed
diabetes care personnel to perform and carry out the diabetes care tasks as outlined in
_____ (student's) Diabetes Medical Management Plan. I also consent
to the release of the information contained in this diabetes Medical Management Plan to all school
staff members and other adults who have responsibility for my child who may need to know this
information to maintain my child's health and safety. I also give permission to the school nurse or
other qualified healthcare professionals to contact my child's physician/healthcare provider.

Supplies to be kept at school: (All within expiration date)

_____ Blood glucose meter, blood glucose test strips, batteries for meter

_____ Insulin vials and syringes

_____ Lancel device, lancets, gloves, etc.

_____ Urine ketone strips

_____ Insulin pump and supplies

_____ Insulin pen, pen needles, insulin cartridges

_____ Fast-acting source of glucose

_____ Carbohydrate containing snacks

_____ Glucagon emergency kit

Acknowledged and Received By:

Student's Parent/Guardian:

_____ Date: _____

School Nurse:

_____ Date: _____