



Chandler Unified School District #80

Consent and Release to Self-Carry and Self-Administer Diabetes Care

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

The above-named student may treat his or her own low or high blood sugar, calculate and administer his or her own insulin on school campus, field trips, and school activities off school campus with no supervision of school personnel, and is demonstrated as competent to do so.

Per ARS 15-344.01, if the student is deemed unable to practice proper safety precautions for the handling and disposal of the equipment and medications, the school district reserves the right to withdraw the student's authorization to monitor blood glucose and self-administer diabetes medication.

When diabetes care is done outside of the health office, diabetes care supplies (i.e. syringes, lancets, any item containing blood) must be properly disposed of.

Diabetes Supply Disposal Plan (i.e. store in container and brought home, brought to health office for disposal, placed in parent provided sharps container)

Is your child carrying emergency medication on their person for emergencies? Yes No

If no, the following emergency medication will be checked into the health office.
(please check one)

<input type="checkbox"/> Glucagon IM <input type="checkbox"/> 0.5mg or <input type="checkbox"/> 1mg	<input type="checkbox"/> Baqsimi Intranasal Kit 3mg
<input type="checkbox"/> Gvoke SQ <input type="checkbox"/> 0.5mg or <input type="checkbox"/> 1mg	<input type="checkbox"/> Other _____

Licensed Healthcare Provider Name: _____ Phone No. _____
(print)

Licensed Healthcare Provider Signature

Date

I authorize the School District and its employees and agents, on my behalf, to assist in the administration of the medication identified as ordered by my child's physician. **I acknowledge that it may be necessary for the assistance in administration of medication to my child to be performed by an individual other than a nurse, and specifically consent to such practice.**

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation, and maintenance of above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give permission for the exchange of information directly with the healthcare provider regarding my child's medication.

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

District/School Nurse Signature: _____ Date: _____