



Manatee County School Health Services



Authorization for Student to Carry Prescription Diabetic Medication and Supplies

Student Name (Print)	Parent/Legal Guardian Name (Print)
Grade	Name of School

I hereby authorize and request the above named student to independently carry, utilize his/her glucometer, count carbohydrates, and self-administer insulin while at school or at any School District sponsored activity. I acknowledge that routine school health services are offered for the management of Diabetes; however, I decline such services. I understand and acknowledge that the School District assumes no responsibility whatsoever for the maintenance, storage, dosage, or administration of the above student's equipment/medications. I furthermore agree that to indemnify and otherwise hold harmless the School Board, its employees and volunteers for any and all liability with respect to the diabetic management by the student.

Medication and appropriate use and disposal of supplies must be done following Manatee School District Policy and Procedure. If the student does not meet these specified responsibilities, the privilege will be denied.

The above named student has been instructed and fully understands how to test and interpret blood glucose and administer insulin without assistance from school personnel. The student will:

- _____ carry glucose monitor/testing supplies
- _____ perform self glucose testing
- _____ perform carb counting
- _____ administer of insulin via Pump _____ or Pen _____
- _____ change pump site as needed.

The student will seek assistance from school clinic and/or trained school personnel as needed and when:

blood glucose is over _____

blood glucose is under _____

It is recommended that additional supplies be kept in the clinic in case the first are lost or left at home. The medically prescribed treatment will be in accordance with the attached Diabetic Medical Management Plan/physician orders.

Signature of Health Care Provider _____

Signature of Parent/Legal Guardian _____ Date _____

Signature of Student _____ Date _____

Signature of School Nurse _____ Date _____