



Student Name \_\_\_\_\_ Grade" \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**STUDENT**

Student:

- ◆ I agree to dispose of any sharps either by keeping them in my kit and disposing at home, or placing them in the sharps container provided at school.
- ◆ I agree to notify the school health office if my blood sugar is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl.
- ◆ I agree to keep my diabetic supplies \_\_\_\_\_ with me OR in the school health office in an accessible secure location (located in \_\_\_\_\_).
- ◆ I agree never to allow any other person to use my diabetic supplies.
- ◆ I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

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

**PARENT / GUARDIAN**

Parent/Guardian:

- ◆ I agree that my child can self manage his/her diabetes and can recognize when he/she needs to seek the help of a staff member.
- ◆ It has been recommended to me that back up supplies be provided to the school health office for emergencies.
- ◆ I understand that this contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

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

**SCHOOL NURSE**

School Nurse

- ◆ School staff members that have the need to know about the student's conditions and the need to carry his/her need to carry his/her diabetic supplies have been notified..

Nurse signature: \_\_\_\_\_ Date \_\_\_\_\_