

ZACHARY COMMUNITY SCHOOLS

PARENTAL CONSENT/ RELEASE OF INFORMATION/ AND STUDENT WITH DIABETES CONTRACT

Student's Name _____ D.O.B. _____
Parent/Guardian _____
Home Phone # _____ Work/Cell Phone # _____
School _____ Teacher _____ Grade _____
Physician _____ Office # _____ Fax # _____

1. I give permission to the school nurse and designated unlicensed personnel trained to monitor blood glucose, to observe or assist my child with her/his blood glucose monitoring as prescribed by their physician.
2. I give permission to the school nurse to share with appropriate school personnel, physicians or medical facility, information relative to my child's diabetes as the nurse determines necessary for my child's health and safety. I also agree to inform the school nurse and/or other pertinent personnel regarding changes in my child's health, diabetes procedures, management, and emergency contact numbers as needed.
3. I agree to provide the following necessary supplies in order for my child to test her/his blood glucose during school.
Items to be provided:
 - ✓ Completed Physician's Orders Diabetes Packet
 - ✓ Blood sugar meter with extra batteries for meter
 - ✓ If your child has an Insulin Pump-extra pump supplies, infusion set, extra batteries, insertion device, Insulin vial, etc.
 - ✓ Test strips {blood sugar meter strips, urine test strips for ketones (if ordered)}
 - ✓ Lancets
 - ✓ Syringes
 - ✓ Alcohol Prep Pads
 - ✓ Snacks
 - ✓ Insulin
 - ✓ Glucagon, Glucose tablets & or Glucose gel- for school use and to keep on your child's bus(if applicable)
 - ✓ Emergency Classroom Kit (supplies in a small zip pouch or container with lid labeled with child's name)
 - Candy (peppermints or other hard candy)
 - 1-2 tubes of glucose gel and/or cake icing
 - Juice or soda
 - Glucose tablets
 - Small index card with emergency numbers
4. I agree to inform my child's bus driver, if applicable, of my child's diabetes diagnosis and provide them with a fast-acting glucose source, e.g., oral glucose gel or tablets, etc.

5. I understand the risks involved in treating diabetic emergencies, and that it is sometimes very difficult to differentiate an insulin reaction, wherein Glucagon is required, from early diabetic coma, wherein Glucagon should not be given. I grant permission for an unlicensed trained school employee to give Glucagon, as specified to my child, in the event of a severe low blood sugar (unconscious, incoherent).
6. I understand and agree that Zachary Community School Board and its employees are not responsible for any unintentional mistakes or oversights in keeping or giving the student's medication or the performance of any procedures and agree to hold the school board free and harmless from liability from injuries which might occur as a result of the administration of medication by school employees.
7. I agree to teach my child to communicate clearly to adults and those in authority when he/she is experiencing the first symptoms of low blood glucose or a general feeling of unwellness. I also agree to teach my child to be responsible for all treatment apparatus, including proper disposal of all needles, sharps, and any other items that may be considered contaminated, and to take as much responsibility as possible for his or her own safety and care.

Parent's Signature

Date

STUDENT WITH DIABETES CONTRACT
(when age-appropriate)

Please have your child read and sign.

1. I agree to communicate clearly to teachers and other responsible adults when I first feel the symptoms of a low blood sugar or when I am beginning to feel unwell.
2. I will take responsibility for eating the right foods and avoiding foods that may negatively affect my blood sugar.
3. I will safeguard my blood glucose monitor and other diabetic supplies and will properly dispose of lancets, needles, and other sharp or contaminated items.

Student's Signature

Date

Student's Name: _____

IMPORTANT INFORMATION ABOUT YOUR CHILD:

1. Symptoms your child experiences during a low (hypoglycemic) episode (check all that apply):

- Weakness Irritability Sweating Confusion Dizziness
- Nausea Seizures
- Other: _____

2. Symptoms your child experiences during a high (hyperglycemic) episode (check all the apply):

- Increased Thirst Frequent Urination Hunger Drowsiness Irritability
- Nausea Blurred Vision
- Other: _____

3. Any other significant medical information that will assist in the care of your child while at school.

4. Child can: (check all that apply)

- Perform finger sticks for blood glucose for blood glucose monitoring
 - Use meter without assistance
 - Administer insulin independently
 - Manage insulin pump (if applicable)
- Accurately count carbs (if applicable)

5. If child is not independent in any of the above, please explain the level of dependency so that the school nurse can assess the level of care required for your child while in school.

Parent's Signature

Date

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GLUCAGON INJECTION POLICY AND PROTOCOL

In compliance with the State Board of Elementary and Secondary Education, and the Louisiana State Board of Nursing, a physician's order and parental consent are required for injectable glucagon to be administered in the event of a life-threatening situation (an unconscious and/or incoherent diabetic) during school hours. A school nurse is not always available to administer emergency injectable medications. Therefore, it is necessary to have trained unlicensed personnel available to administer emergency medications if the situation warrants. For an unlicensed employee to have the authority to administer, the following must be completed:

1. The school nurse has reviewed physician's orders and has made an assessment of the student's health status.
2. Parental consent has been obtained.
3. The school nurse has trained and assigned at least two unlicensed school personnel to administer injectable glucagon who can clearly identify the common textbook symptoms of hypoglycemia and demonstrate proper technique for medication administration.

SELF-ADMINISTRATION OF INSULIN POLICY AND PROCEDURE

All self-administration of medication guidelines apply in accordance with Zachary Community School Board Medication Policy based on Act 87 of 1993 and adopted by the State Board of Elementary and Secondary Education, and the Louisiana State Board of Nursing.

1. Orders from a legal prescribing physician detailing monitoring of the student's blood sugar (to include diet and exercise guidelines) and insulin dose. This should include an order for sliding scale. Parents must also authorize the child to self-administer insulin.
2. Documented competency of the student's ability to self-administer insulin by the physician, parent(s), and school nurse.
3. Trained unlicensed school employee will witness and document the dose of insulin administered by the child.
4. The parent/guardian will provide the school with all supplies needed to monitor blood sugar and for the student to administer injections.
5. The school nurse will be responsible for the training of the unlicensed personnel to follow physician's orders.

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SELF-ADMINISTRATION OF INSULIN AND BLOOD GLUCOSE MONITORING

_____ has been adequately instructed by her/his physician and demonstrated competence in self-administration of (type of insulin) _____ to the degree that she/he may perform this task at school provided the school nurse has determined it is safe and appropriate for her/him in this particular setting.

_____ has been trained and is deemed competent by her/his physician in performing accu-checks, obtaining ketone results from urine, drawing up the appropriate amount of insulin as ordered, in performing proper technique in self-injection of insulin, and proper documentation of results. She/He is responsible for her/his own care and will be able to repeat the blood sugar monitoring per doctor's orders.

The physician and you are aware that _____ will be providing self-care. _____ will be performing her/his own blood glucose monitoring and observed by a trained unlicensed school employee. In an emergency, the school nurse or a trained unlicensed school employee will perform blood glucose monitoring. Ketones will be checked by the student and results observed by the school nurse or trained unlicensed employee.

Parent's Signature

Date