Presentation Academy Diabetes Medication Authorization Form 2017 – 2018

IF YOUR DAUGHTER HAS DIABETES, THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE FRONT OFFICE.

STUDENT NAME: ____

(PRINT): Last   First   Middle

IF YOUR DAUGHTER HAS DIABETES, BUT DOES <u>NOT</u> WANT TO MONITOR HER GLUCOSE LEVEL BY HERSELF OR TO SELF-ADMINISTER MEDICATION, COMPLETE AND SIGN <u>ONLY THIS SECTION</u> OF THE FORM AND HAVE YOUR DAUGHTER RETURN THE SIGNED FORM TO THE FRONT OFFICE.

I, ___________________________________, parent/guardian of the above named student, verify that my daughter has diabetes, but does **<u>not</u>** want at this time to monitor her glucose level by herself or self-administer her diabetes medications at school, school-sponsored activities or at any time that she is present on Presentation Academy's school property.

Signature: ____ **Date:** _____________________

(Parent/Guardian)

PRESENTATION ACADEMY AND ITS EMPLOYEES SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY SUSTAINED BY THE STUDENT TO HERSELF FROM MONITORING HER GLUCOSE LEVEL OR SELF-ADMINISTRATION OF DIABETES MEDICATION OR AS A RESULT OF ANY INJURY INFLICTED ON OTHERS WHILE MONITORING HER GLUCOSE LEVEL OR SELF-ADMINISTERING HER DIABETES MEDICATION.

IF YOUR DAUGHTER HAS DIABETES AND WANTS TO MONITOR HER GLUCOSE LEVEL BY HERSELF AND SELF-ADMINISTER HER DIABETES MEDICATION AT SCHOOL, YOU AND THE STUDENT'S HEALTH CARE PRACTICTIONER MUST COMPLETE AND <u>SIGN ALL SECTIONS</u> BELOW. YOU AND YOUR DAUGHTER WILL THEN MEET WITH THE OFFICE MANAGER AND ASSISTANT PRINCIPAL TO ASCERTAIN HER HEALTH CONDITION AND ABILITY TO SELF-ADMINISTER HER MEDICATIONS.

I, ___________________________________, parent/guardian of the above named student, authorize Presentation Academy to allow the student to carry with her a meter to read her glucose level as well as her diabetes medication.

Signature: ____ **Date:** _____________________

I, ___________________________________, parent/guardian of the above named student acknowledge that Presentation Academy shall incur no liability as a result of any injury sustained by the student to herself from monitoring her glucose level or self-administration of diabetes medication or as a result of injury inflicted on others while monitoring her glucose level or self-administering the diabetes medication.

Signature: ____ **Date:** _____________________

IF YOUR DAUGHTER HAS DIABETES <u>AND</u> SHE MUST SELF-ADMINISTER DIABETES MEDICATIONS AT SCHOOL, <u>THE STUDENT'S PHYSICIAN</u> MUST COMPLETE THE FOLLOWING SECTION AND SIGN WHERE INDICATED.

I, ____, verify that ____ has diabetes and

Physician/Health Care Provider's Name (please print)   Student's Name (please print)

the student has been instructed in self-administration of the diabetes medications listed below:

NAME OF MEDICATION   **PRESCRIBED DOSAGE**

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Signature: ____ **Date**: ___________________________

Physician/Health Care Provider