

Request and Consent Diabetes Intervention Form

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| Student's Name: _____ | Teacher: _____ |
| Birth Date: _____ | Health Card #: _____ |
| Address: _____ | |
| (Street) | (City) |
| (Postal Code) | |

I/We/Parents/Guardians understand that:

- a) Educators, principals and other school staff are not health professionals and have no more information about the medical condition of your child other than that which has been provided to them in writing by yourself or by the child's physician. They are not experts in recognizing the symptoms of your child's medical condition or in treating it.
- b) To the extent that they are able, your child has been trained by you or by health professionals, to recognize their own need for intervention/medication and to respond to it by requesting intervention or by self-administering the appropriate medication.
- c) Where practical, your child is responsible for the necessary medication and apparatus.
- d) We are responsible for ensuring that:
 - There is a supply of fast acting sugar (oral glucose/orange juice, etc.) at the school (provided by the parents/guardians);
 - Blood glucose monitoring items are contained in a safe container, labeled with your child's name, for transport;
 - Insulin injection items are contained in a safe container, labeled with your child's name; and
 - We have informed the school that, for incidents relating to the diabetes, you wish to be contacted.
 - Supporting your child in moving towards independence.
- e) List the possible diabetes related incidents where you wish to be contacted by the school:

PLEASE NOTE:

Neither the school administrator nor the staff is responsible for:

- Insulin injections
- Storing of insulin overnight
- Providing a supply of fast acting sugar (oral glucose, orange juice, etc.); or
- Glycogen (Glucagon) injections

In the event of an emergency (severe hypoglycemia incident), I authorize the school staff identified to obtain emergency treatments as necessary. I agree to assume all responsibility for all costs associated with medical treatment.

I/we give permission that the Medical Care Plan including a photo of my child can be posted in appropriate locations in the school.

I/we understand that this information will be shared with all relevant staff members (including transportation staff, if applicable) who support my child to ensure their health needs are best served.

I have reviewed the Diabetes Management Parent/Guardian and Child Responsibilities and the School Responsibilities in the package.

Parent/Guardian: _____ Date: _____

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