

CARE OF STUDENTS WITH DIABETES AGREEMENT FOR PARENTS, STUDENT, AND SCHOOL

Student Name: _____ **Grade:** _____

Diabetes management in the school is a collective effort between the parents, the nurse, school staff, and most importantly the student. What happens in the home will affect what happens at school and vice versa. Communication amongst all parties is key to creating a safe and well-managed environment for your child. While your child attends school, his/her management will include:

- Nursing guidance for diabetic management throughout the school day,
- Communication with your child's diabetic management team to clarify orders as needed,
- Communication through a daily log book/electronic log if requested,
- An emergency care plan, individualized health plan and/or 504,
- Resources for locating nutritional content from school menu selections.

Please Initial the Following Statements:

_____ (initial) *In order to provide the best care for your child, you will need to provide **current** medical treatment orders from your child's health care provider as well as the following check marked supplies:*

- _____ Glucometer in working condition with back up batteries
- _____ Test strips
- _____ Lancets
- _____ Ketone strips (urine or blood)
- _____ Insulin pen and needles
- _____ Back up insulin vials and syringes
- _____ Fast acting sugar source (snacks, juice, gummies, etc.)
- _____ Carb free snack
- _____ Glucagon pen
- _____ Access to online diabetic logs (if applicable)
- _____ Parent/Guardian contact information (home, cell, work numbers) with two emergency contacts, and hospital/provider/clinic information

- **If these supplies are not on hand, the School District may request that the parent either bring the appropriate supplies to the school immediately, or that the student be taken home for safe and appropriate management.**
- **It is the responsibility of the parent and/or the student to change pump tubing or refill insulin pump.**

_____ (initial) *Parent will be called or contacted in the following circumstances:*

- If ketones are present (per provider orders),
- When supplies are low,
- When medications are near expiration,
- For hypo or hyperglycemia, the nurse will contact the parent per provider orders.

_____ (initial) *Student may be sent home due to health and safety reasons when:*

- Necessary supplies and/or insulin are not at school and parent is unable to bring them immediately.
- If your child's blood sugar is unmanageable or unsafe as determined by the school nurse. Arrangements should be available for your student to be picked up from school, if necessary, whenever it is determined that their current diabetic state is unsafe and unmanageable for the school or bus setting.
 - Parents should provide one or more phone contacts where they can be reached during the school day and are expected to immediately return phone calls related to the management of their child's diabetes.
 - If parent/guardian does not call back, the nurse will start calling down the emergency contact list.
 - If there is no answer from any contact person, or as deemed appropriate by the school nurse, 911 may be called.

_____ (initial) *Exercise improves insulin sensitivity, and the duration/intensity of exercise will influence blood glucose levels. If a child will be exercising for 30-60 minutes, to avoid hypoglycemia, the student may need to eat an additional carbohydrate snack (approx. 15 grams) before exercising, without insulin coverage:*

- Students may not be allowed to participate in physical education class or after school activities when ketones reach the level for restrictions per provider orders.
- Due to fluctuating recess, gym class, and lunch times the nurse will determine if additional glucose monitoring will take place.

_____ (initial) *Carbohydrate counting for home lunches will, in most cases, be the responsibility of the student and parent. Special considerations or accommodations for tracking carbohydrates may be made due to the student's age or other limitation or disability. For school lunches, menus and nutritional information are provided by nutrition services and will be made available to parents upon request. The school nurse will keep a current copy of school lunch nutritional information in the nurse's office.*

_____ (initial) *In order for a student to be allowed to self-manage their diabetes at school, the **provider**, parent, student, and school nurse must all agree and sign off on the plan.*

- Self-management orders vary in levels of student independence. The plan will be discussed directly with the student, parent, and school nurse to clarify boundaries.
- The school nurse will check in with the student and parent periodically throughout the school year.
- If the school nurse determines at any time that a student's self-management agreement is no longer safe, it may be discontinued. This will be communicated to the parent/guardian. A self-management agreement can be reinstated per the school nurse's and/or the student's provider's assessment.

_____ (initial) *Field trips occur on occasion throughout the school year.*

- If the parent/guardian is willing, they may be permitted to attend the field trip.
- If a parent does not attend the field trip, the school will provide a diabetic trained staff member to accompany the student.
- With provider, parent, and school nurse approval the student can have authorization to self-manage their diabetes while on field trips.
- 911 would be called for emergencies during field trips.

_____ (initial) *Your child rides the bus:* _____ Yes _____ No

- Per provider orders or if symptomatic, the student's blood glucose will be checked prior to getting on the bus.
 - Any glucose reading that falls below the goal range will require hypoglycemic treatment in the health office.
 - The parent will be notified of below-goal glucose readings if their child is not safe to take the bus home.
- Students with diabetes will be allowed to have a drink or snack on the bus.

_____ (initial) *If there is a function or activity where parents/guardians/family members are invited to the school campus during regular school hours, the school nurse will remain solely responsible for the student's diabetic care during that time unless prior arrangements have been made. If the student is checked out through the main office, student care is assumed by the parent/guardian/responsible adult at that time.*

_____ (initial) *The school nurse is responsible for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide appropriate care.*

- The school nurse must have signed provider orders and parent authorization in place before management at school can begin.
- A new order must be provided at the start of the school year **and at any time updates occur**. Parents giving medical orders to the school nurse verbally will not be accepted.
- With a signed provider order, the parent can adjust insulin doses within the parameters given by the provider if needed. This does not override the provider orders for other aspects of diabetic management.
- Appropriate times for checking blood glucose levels include before and after meals, when feeling high, when feeling low, per provider orders, and at the nurse's discretion.
- The school nurse adheres to State Nurse Practice Laws as well as their nursing judgement and will be permitted to contact the provider or diabetic educator with questions regarding diabetic management as needed.

STATEMENTS AND SIGNATURES

_____ (initial) The Parents/Guardians are aware that the school nurse has the obligation to contact the provider or diabetic educator with questions regarding the diabetes care of this student and by initialing and signing this form, the parent/guardian gives the school nurse permission to do so.

_____ (initial) Student insubordination or noncompliance with the healthcare plan may result in disciplinary action by administration, along with reinforcement of diabetes education by the school nurse.

_____ (initial) The Parents/Guardians are aware that failure to supply a child under their care with necessary medicine, medical supplies and/or care can constitute child maltreatment and may result in a mandated report to the proper authorities.

I, as the parent/guardian for this student, understand that these are the expectations for management of my child while in school and I agree and give my consent for these expectations to apply to my child.

Parent Signature

Date

Student Signature, if 18 or older

Date

School Nurse Signature

Date

If the Parent/Guardian does not accept the terms of this document please sign the statement below:

I have been given a copy of the "Care of Students with Diabetes Agreement for Parents, Students and School" Form. I do not wish for the school nurse to provide daily diabetic care for my student. By signing below, I acknowledge the school nurse will not be responsible for the daily diabetic management of my child including routine blood sugar checks and/or diabetic medication administration. I understand that there will still be an emergency healthcare plan in place for my child while at school and should he/she require emergency assistance while at school the nurse and other qualified personnel will provide appropriate care.

Parent Signature

Date

Student Signature, if 18 or older

Date

School Nurse Signature

Date