

## DIABETIC CONSENT FORM

We, on behalf of ourselves and on behalf of our diabetic child listed below, acknowledge and understand that we and our child are totally responsible for any monitoring and testing of our child's blood sugar levels and we give permission to our child to self administer any and all testing that may be necessary. We acknowledge and understand that our child will be permitted to leave the classroom at a designated time each day prior to lunch to test his/her blood sugar level at the health office or other appropriate location at school. We acknowledge and understand that no healthcare professional will be available at the school to oversee, monitor or supervise the self-administered test. However, in the event that our child is unable to self monitor and test his blood sugar, we hereby give permission to the School to assist our child in doing so.

Should it become necessary for my child to have medical treatment, I hereby give school personnel permission to call the paramedics to render treatment to my child and I agree that School personnel shall not be responsible for nor assume undertaking of any other actions, including, but not limited to providing insulin injections, as they are not trained to do so. I agree to relieve the school and other participating adults from any liability in connection with this request.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND AND AGREE TO EACH AND EVERY TERM AND CONDITION CONTAINED IN THIS CONSENT AND LIABILITY RELEASE.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Print name here

Name of diabetic child:

\_\_\_\_\_