

Diabetic Student Contract

_____ I will always dispose of needles and sharps appropriately and not in the trash can.

(A sharps container can be found in the nurse's office if needed).

_____ I will notify the nurse if my blood sugar is \leq _____ or \geq _____ or if I am experiencing any signs or symptoms associated with blood glucose levels.

_____ I will notify a school employee if I should contaminate any surface with blood.

_____ If my symptoms are not better after treatment. **I will go to the nurse immediately for further treatment.**

_____ I will be responsible for supplying my own water and snacks.

_____ I will be responsible for providing glucometer/supplies and medication/supplies needed to manage my diabetes. The school will not be responsible for any of the supplies needed to manage my diabetes.

Student Name (Printed)

Student Signature

Date

I understand that my child is responsible for the above and that the school does not supply items needed to manage my child's Diabetes.

Parent Signature

Date