



HEALTH SERVICES

Denton Independent School District

Parent Acknowledgement and Consent Form for School Diabetes Management

*This form is to be renewed each school year.

Student: _____ DOB: ____/____/____ School Year: 20____-20____

I, the undersigned parent/guardian of Student listed above, request that the Diabetes Management and Treatment Plan ("Plan") completed by my healthcare provider, _____, and submitted to the school nurse, be implemented for my Student. Delivery of this Plan to the school nurse constitutes my participation in developing this Plan.

I understand, acknowledge, and agree that it is my responsibility to:

- Provide medical orders for treatment and all necessary diabetic supplies (including glucometer, testing strips, lancing devices and lancets, ketone strips, insulin, syringes, glucose tablets or fast acting sugar source, snack, and any other equipment/food/drinks deemed necessary) and replace these items upon expiration or when supply is low per the school's notification in order for my Student's Plan to be appropriately implemented in the school setting and for off-campus school sponsored activities.
- Communicate directly with the school nurse for all diabetes related care concerns that may affect care at school or school sponsored activities, including communicating atypical blood glucose results at home, as appropriate.
- Notify the school nurse if I change physicians or emergency contact information, or if the Plan is canceled or changes in any way.
- Inform the school nurse of new equipment or other diabetic supplies, special situations, or treatments changes, and provide education of such if needed.
- Collaborate with the school team to implement and evaluate Student's IHP and 504 plan (if applicable).

I understand that medical alert identification (such as a bracelet or necklace) is strongly encouraged to alert others to my Student's diabetes in the event of an emergency.

Regarding the use of **Continuous Glucose Monitors ("CGM") and Automated Insulin Delivery systems ("AID")**, I understand, acknowledge, and agree to the following:

- Neither law nor policy requires the Denton ISD ("DISD") to access or monitor my Student's CGM or continuously monitor my Student's glucose in any manner.
- DISD school personnel will not monitor my Student's CGM data on any personal staff device.
- CGM-based treatment decisions may be made using a device that is FDA-approved for treatment as indicated on the Student's Plan. I understand that school personnel will check a fingerstick blood glucose to confirm the glucose level in situations where they are not otherwise confident of CGM readings.
- I understand that medications containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify the school nurse when my Student has received acetaminophen (Tylenol).
- I understand that my Student's CGM and AID system requires wireless internet service and that DISD is not responsible for any lapse in wireless internet service or any wireless "connection" issues of any kind.
- I understand that I am solely responsible for the maintenance and upkeep of my Student's CGM and/or AID, including, but not limited to, ensuring proper functioning of the CGM and/or AID system, that any and all software and/or program updates have been completed, and that DISD is not responsible for any functional issues that may occur with my Student's CGM and/or AID system and will not use it for treatment if the device(s) is not properly maintained and calibrated.
- If a non-FDA approved device is utilized by the Student, the parent (or Student who is approved for independent care) is solely responsible for troubleshooting the system in the event of a system malfunction.
- If my Student is utilizing an AID, I agree to make verbal contact with the Registered Nurse (or Unlicensed Diabetic Care Assistant, if off campus) who is present with the Student PRIOR TO remotely administering insulin or altering insulin delivery to my Student.

Consent for Unlicensed Diabetic Care Assistant (UDCA)

The health and safety of each student is of paramount importance to every Denton ISD employee. The District is committed to providing a high level of care to meet any special medical needs students exhibit. To help carry out that commitment, DISD ensures that a Registered Nurse is assigned to each campus. House Bill 984 amended the Health and Safety Code to provide more specific requirements for the provision of diabetes management and care services to students in public schools who seek care for the student's diabetes while at school. The school, in conjunction with the parent, will develop for each student who seeks care for diabetes at school an Individualized Health Plan that will specify the diabetes management and care services the student requires at school. Traditionally, the school nurse has provided any medical care students might require at school. Under HB 984, each school also must train other employees to serve as Unlicensed Diabetes Care Assistants who can provide diabetes management and care services if a nurse is not available when a student needs such services. Such services include the administration of insulin or, in an emergency, glucose tablets, glucose gel, or glucagon. Denton ISD trains staff at each school to provide such services. HB 984 further specifies that an Unlicensed Diabetes Care Assistant ("UDCA") exercises his or her judgment and discretion in providing diabetes care services and that nothing in the statute limits the immunity from liability afforded to employees under section 22.0511 of the Texas Education Code.

Under HB 984, an Unlicensed Diabetes Care Assistant may only administer diabetes care and management services if the student's parent/guardian authorizes an Unlicensed Diabetes Care Assistant to assist the student and confirms his or her understanding that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.

- ☐ I authorize Denton ISD to designate Unlicensed Diabetes Care Assistants who have been trained by Denton ISD Health Services to perform diabetic care tasks as outlined in my Student's Plan for my Student at school in the event that the school nurse is unavailable and/or my Student is unable to perform his/her own care (if authorized to do so). I understand that an UDCA is not liable for civil damages under section 22.0511 of the Texas Education Code.
- ☐ I **DO NOT** authorize Denton ISD to designate Unlicensed Diabetes Care Assistants who have been trained by Denton ISD Health Services to perform diabetic care tasks as outlined in my Student's Plan for my Student at school. In the event that my Student requires diabetes care and the school nurse is unavailable or my Student is unable to perform his/her own care (if authorized to do so), the parent/guardian will be contacted to provide care or Emergency Medical Services (EMS) will be activated, and I agree that my insurance carrier or I will assume the responsibility for all costs incurred as a result.
- ☐ My child can manage his/her diabetes **independently** and will not seek assistance for his/her diabetes while at school. I understand the school nurse or trained UDCA will provide emergency care as needed. This information will be shared with school district personnel as needed.
- ☐ I request that my child's classmates be informed that my child has diabetes, and given age-appropriate instruction regarding diabetes care, so that they understand the importance of symptoms and the types of intervention that may occur in the classroom.

Consent to Disclose Health Information

I consent to the release of medical information contained on this form and on my Student's Diabetes Management & Treatment Plan to school officials who have a legitimate educational interest in the information, according to Denton ISD Board Policy and the Family Educational Rights and Privacy Act. I give permission for the release of confidential information regarding my Student's specific health problems to third parties, other than school officials, as required to facilitate medical care and/or treatment of my child. I authorize the nurse and the prescribing physician to confidentially discuss or clarify this Plan and to discuss the Student's response to the prescribed Plan as needed per law (Nurse Practice and Medical Practice Acts of Texas).

Consent for Diabetes Medications to be Administered at School

The diabetes medications listed on the most recent Diabetes Management and Treatment Plan must be given during school hours. My signature below indicates that I request that Denton ISD staff administer this medication to my Student (or that it be permitted for use in the school setting by my Student with current school year self-care permission also on file). I am giving permission for Denton ISD staff to contact the prescribing provider and pharmacy for additional information regarding this medication, if needed. I agree to pick up any unused, discontinued, or expired medication upon notification by Denton ISD staff. I understand that medications not picked up will be disposed of at the end of the school year. I have reviewed Denton ISD's Medication policy below.

Parent/Guardian Name: _____ Relationship to Student: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

****OPTIONAL** Parent Permission for Self-Care** (must be accompanied by Physician Permission for Self-Care, annually)

I request that my Student _____ be allowed to perform routine diabetes care independently. My Student has been instructed in and understands his/her diabetic self-management. My Student understands that he/ she is responsible and accountable for carrying and using his/her medication and equipment. I hereby give permission for the school to administer the medications as prescribed in the plan above, if indicated (ie. Student requests assistance or becomes unable to perform self-care). I understand that the school nurse, after consultation with the parent/guardian and school administrator, may impose reasonable limitations or restrictions upon my Student's possession and self-administration of diabetes medications relative to his/her age and maturity or other relevant considerations. I understand that Denton ISD may revoke permission to possess supplies and medications to perform the prescribed diabetes management and treatment plan at any point during the school year if it is determined that my Student has abused the privilege of possession and self-care or he/she is not safely and/or effectively performing care or administration of medication. I acknowledge that no provision herein constitutes a waiver of any immunities from suit or from liability that Denton ISD has by operation of law, including the Texas Civil Practice and Remedies Code.

Parent/Guardian Signature: _____ Date: _____

FFAC: Parent/Physician Request for Administration of Medication by School Personnel
Denton ISD Regulation
Date: 01/17/2020
Related Policy Code: FFAC

Parents have the primary responsibility of giving medications to their child at school and may come to school to give medications at any time, after checking in at the school office.

Requests for the administration of medications by school personnel may be made as follows (in accordance with Education Code 22.052):

1. A separate request form is to be completed for each medication, and a new request made for changes in medications or dosages.
2. Only those medications that cannot be given outside school hours will be administered. Most three-times-a-day medicines can be given before and after school. (Prescriptions can be written so that doses are not necessary during school hours. Please discuss this with your doctor.)
3. Elementary students will be given non-prescription, over-the-counter (OTC) medicine by school personnel only with a doctor's prescription. The doctor may sign this medication sheet or send written or faxed instructions for administrations to the school nurse. Elementary school medications are distributed in the health room (or an alternate location at the discretion of the nurse and administration). Please encourage your child to take the responsibility to go to the health room at the prescribed time. Elementary students may carry prescribed emergency medication for anaphylaxis or asthma only with a doctor's order, written parent permission, and student demonstration of appropriate self-administration of the medication with the nurse.
4. Middle school students may, with their parent's permission (doctor's order not required) carry small amounts (no more than a week's supply) of OTC medication for self-administration; this medication must be in the original container labeled with the student's name and may not be shared with other students. Prescribed middle school medications are distributed in the health room/office (or at an alternate location at the discretion of the nurse and administration). Please encourage your child to take the responsibility to go to the health room at the prescribed time. Middle school students may carry prescribed emergency medication for anaphylaxis or asthma only with parent permission.
5. High school students self-carry and self-administer all of their own medications. They may carry only one day's dose of prescription medication, which must be labeled and in the original container.
6. No dietary supplements, herbal remedies, vitamins, performance boosters, essential oils, etc., are allowed on school campuses or at school activities. Any exceptions to this will be as required by the IEP or section 504 plan of a student with disabilities and only after discussion with the student's doctor, parents and school nurse. Any medicine in other than the original container is considered contraband, subjecting the student to disciplinary measures.
7. All medicine must be in the original, properly labeled container, accompanied by this form. Please ask your pharmacist to dispense two labeled bottles of medication: one for home and one for school. Changes in dosages, time, or medication will require a new physician order and parent request form.
8. In accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner. The school nurse also has the right to refuse to administer medications that, in the nurse's professional judgement, are not in the best interest of the student.
9. At the end of the school year, unused medication that has not been picked up by parents/guardians will be discarded.
10. A new prescription and medication permission form is required for every school year.