**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ **DOB:**  \_\_\_\_\_\_\_\_\_

**Teacher(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Year \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Responsibilities and Agreements** | | |
| **School** | **Family** | **Student** |
| Medication and supplies kept:  Clinic  Main Office  Classroom  Student Book Bag  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Biohazard collection equipment (sharps, container, red bags, gloves) are kept in the clinic | Provides medication and supplies for school site  Pick-up and replace any expired medication  Med Name/Exp Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Med Name/Exp Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Report any signs/symptoms of hypo/hyperglycemia to school staff |
| UAP to administer medication(s) per MDCPS trainings (i.e., review action plan, recognize symptoms, and respond):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Keep school staff informed of any changes in student condition, medication(s), and updated emergency contact information  Any change in the medication regimen requires new medication authorization forms | Blood sugar testing, as per Diabetes Medical Management, if applicable, and contact parent/guardian with results |
| Blood sugar log kept in medication binder | Parent or designated adult, as noted on the emergency contact card, to respond to school when called | Carry diabetes medication and supplies, as directed by healthcare provider, if applicable |
| Parent/guardian to be called with low/high blood sugar results per Diabetes Medical Management Plan | If applicable, check if student is carrying diabetes supplies and medication, as directed by the healthcare provider | Wear a medical identification tag or jewelry |
| Administration to contact 911/parent/guardian in case of an emergency | Pick-up any unused medication at the end of the school year | Demonstrate competence in the use of medication and blood sugar testing equipment |
| Administration and/or security to direct EMS to the emergency |  |  |
| CPR Certified Staff:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Security/Teacher to carry school two-way radio and/or have emergency intercom access |  |  |
| Diabetes Management Plan to be available to “need to know” staff |  |  |
| Assign staff to administer medication, carry supplies, and snacks during field trips, if applicable |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/School Administration Designee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse Date