



Diabetic Self-Dosing, Self-Administration Contract

Student Name:	Graduation Year:
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Requirements to Self-Dose and Self-Administer Insulin Outside of the Health Room

Students are allowed to self-dose and self-administer outside of the health room when all of the following criteria are met:

- 1) Physician has filled out a Diabetic Individual Health Plan (IHP) or Diabetic Medical Management Orders (DMMO), which states that the student is independent in diabetic care and may self-dose and self-administer insulin.
- 2) A new Diabetic IHP or DMMO is obtained at the beginning of each school year.
- 3) We prefer student uses an insulin pen and/or pump. If you need to use a syringe outside of the health room, needles MUST be taken to the nursing office to be disposed of or student must keep it in their pouch and dispose of at home. Needles from an insulin pen or syringe are NOT to be thrown out in the garbage, or left anywhere on campus. Student agrees to properly dispose of needles/ pen tips in an identified sharps container.
- 4) The parent or guardian has signed the consent below, allowing testing outside of the health room.
- 5) The diabetic student has signed the agreement below.
- 6) The parent provides all diabetic supplies to be used at school. These items include: blood glucose meter, testing strips, lancets, insulin pen, hyperglycemia food supplies, and a glucagon emergency kit.

Parent Guardian Consent for Student to Self-Dose and Self-Administer Insulin Outside of the Health Room

- 1) I hereby give my permission for my student to self-dose and self-administer their insulin according to their Diabetic IHP and/or DMMO outside of the Arrowhead High School Health Room.
- 2) I also hereby give my permission the AHS School Nurse to contact my student's physician in regards to their diabetic care.
- 3) I further agree to hold the Arrowhead School District, and the above-identified person(s) harmless in any or all claims arising from the self-dosing and self-administration of insulin or the performance of this procedure at AHS.
- 4) I agree to notify the school at the termination of the request or when any changes in the Diabetic IHP and/or DMMO are necessary.

Student Agreement

- 1) I will follow my Diabetic IHP/DMMO
- 2) I will carry all of my diabetic equipment and supplies with me at all times.
- 3) I will carry a fast-acting source of glucose.
- 4) I will dispose of all needles and lancets in the locked sharps container in the health room OR keep them in my diabetic case and dispose of the needles and lancets each night at home. I will NOT throw them in the garbage.
- 5) If I have any questions, I will come to the health room or call the nurse.
- 6) If I am having symptoms of hypoglycemia/hyperglycemia I will allow another person to escort me to the health room.

Agreements

Student Signature:	Date:
Parent Signature:	Date: