



The Arrowhead Union High School District

South Campus/District Office
700 North Avenue
Hartland, Wisconsin 53029
(262) 369-3611 x4108 Health Room

<http://www.ahs.k12.wi.us>

North Campus
800 North Ave.
Hartland, Wisconsin 53029
(262) 369-3612 x4208 Health Room

Name of Student _____ Birth date _____ Grade _____

REQUIREMENTS TO SELF ADMINISTER & SELF DOSE INSULIN OUTSIDE THE HEALTH ROOM

Students will only be allowed to self administer & self dose insulin outside of the health room when all of the following criteria are met:

- Physician has filled out a Diabetic Individual Health Plan (IHP), which states that the student may self administer and self dose insulin.
- A new Diabetic IHP is obtained at the beginning of each school year.
- Only an insulin pen is used. Syringes and needles are not allowed outside of the health room.
- The parent or guardian has signed the consent below, allowing testing outside of the health room.
- The diabetic student has signed the agreement below.
- The parent provides all diabetic supplies to be used at school. Blood glucose meter, testing strips, lancets, insulin pen, hyperglycemia food supplies, and a glucagon emergency kit.

PARENT/GUARDIAN CONSENT FOR THEIR CHILD TO SELF ADMINISTER & SELF DOSE INSULIN OUTSIDE OF THE HEALTH ROOM

- I hereby give my permission for my child to self administer & self dose their insulin according to their Diabetic IHP, outside of the Arrowhead High School (AHS) health room.
- I also hereby agree to give my permission to the AHS School Nurse to contact my child's physician.
- 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 administration and self dosing of insulin or the performance of this procedure at AHS.
- I agree to notify the school at the termination of this request or when any changes in the Diabetic IHP are necessary.

Signature of Parent/Legal Guardian

Date

STUDENT AGREEMENT

- I will follow my Diabetic IHP.
- I will carry all of my diabetic equipment and supplies with me at all times.
- I will carry a fast acting source of glucose.
- I will only use an insulin pen. If I have to use a needle and syringe, I will test in the health room.
- 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.
- If I have any questions, I will come to the health room or call the nurse at extension 4108.

Signature of Student

Date

District Office Fax (262) 367-7406
South Campus Office Fax (262) 367-4693. North Campus Office Fax (262) 369-0996