



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Dear Parent/Guardian:

According to District School Board of Pasco County Policy 5335, students who receive medication or health procedures (such as blood-glucose testing, urine ketone testing, insulin administration and treatment of hypoglycemia and hyperglycemia) at school shall provide **annual** parental and healthcare provider authorization for the administration of medications and treatments.

If your child plans to carry his/her own diabetes supplies and/or perform any of the above medical procedures independently and without supervision during the school year:

- Please return the *Authorization to Carry Diabetes Equipment and Self Administer Diabetes Medication/Procedure* form (found below) signed by physician, parent and student **on or before the first day of school**.
- Please make sure your child carries all necessary supplies, e. g. glucometer (with extra battery), ketone strips, some form of carbohydrate (small juice boxes, glucose tablets, sugar packets, or a tube of glucose gel or cake icing); some form of protein snack (peanut butter crackers, cheese crackers or granola bars); and a water bottle.

If your child may/will require supervision with diabetes management, including medication and procedures at any time during the school year:

- Please return the *Diabetes Medical Management Plan* form (available on the district website) completed and signed by physician and parent **on or before the first day of school**.
- Please provide the school clinic with all necessary supplies, e.g. glucometer (with extra battery), ketone strips, some form of carbohydrate (small juice boxes, glucose tablets, sugar packets, or a tube of glucose gel or cake icing); some form of protein snack (peanut butter crackers, cheese crackers or granola bars); and a water bottle.
- If your child requires administration of insulin or glucagon during the school day, you must also complete and return the *Authorization for Medication Administration* form (available on the district website) **on or before the first day of school**. Remember that medication must be brought to school by the parent / guardian (i.e. insulin, glucagon).

Please feel free to contact your child's School Nurse if you have any questions or would like to discuss your child's health status or diabetes management plan.

Thank you,

Pasco County School Health Services Program

**AUTHORIZATION TO CARRY DIABETES EQUIPMENT AND
SELF ADMINISTER DIABETES MEDICATION/PROCEDURES**

Student Name (print)		Parent / Guardian Name (print)	
Student Number	Grade	Name of School	
Medication(s)/Procedure(s) _____			

In order for your child to carry and administer his/her own diabetes equipment/medication, you must fully complete and return this form **annually** or your child will not be permitted to carry or administer his/her own medication. This is for the safety of your child and others. This form must be filled out **IN ADDITION** to the parent and licensed prescriber's normal authorization form for administration of medication in school.

A. To be completed by the Florida licensed healthcare provider:

_____ has been instructed in the proper use of the above-referenced medication(s) /procedure(s). In my professional opinion, this student is responsible and able to utilize the medication(s) and/or carry out these procedure(s) as directed by me without additional assistance. This student should be allowed to carry and use the diabetes equipment/medication(s) listed above.

(Licensed Prescriber's Signature)	(Phone Number)	(Date)
-----------------------------------	----------------	--------

B. To be completed by the parent/legal guardian

I request that my child _____ be permitted to carry and self-administer the above-prescribed medication(s)/procedure(s) while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities. My child has been instructed in and understands the purpose, appropriate method, dosage, frequency and use of his/her medication. My child understands that he/she is responsible and accountable for carrying and using his/her medication/equipment. My child acknowledges and agrees that the medication/equipment is for his/her use alone and that he/she will not share it or otherwise allow it to be used by any other student(s) and that to do otherwise is a violation of the Student Code of Conduct which might subject the student to disciplinary action. My child will immediately notify an employee of the District School Board of Pasco County if another student uses his/her medication, equipment, or supplies. My child will immediately notify an employee of the District School Board of Pasco County if and when he/she has any questions, concerns or adverse side effects. It is understood that if there is irresponsible behavior or a safety risk, *the privilege* of carrying his/her medication will be rescinded. I understand and acknowledge that the District School Board of Pasco County assumes no responsibility whatsoever for the maintenance, storage, dosage, or administration of the above student's diabetes medication/equipment. I furthermore agree to indemnify and otherwise hold harmless the District School Board of Pasco County, its employees and volunteers for any and all liability with respect to the student's use of such medication/equipment pursuant to s. 1002.20(3)(j).

Date	Parent / Guardian Signature
Date	Student Signature