



Los Alamos Public Schools
 "We prepare confident, life-long learners."

**Administration of Medication at School
 Agreement for Diabetes Self-Assessment and
 Self-Administration of Medication**

Date: _____ School: _____
 Student _____ ID Number _____
Last First MI
 Birth Date ____/____/____ Gender Male Female Grade: ____ Home Room Teacher _____
 Drug Allergies _____

Parent/Guardian: _____
Last First Relationship
 Home Phone # _____ Cell Phone # _____ Work Phone # _____

My child's physician, _____, has prescribed diabetic medication, provided instruction to my child in the correct and responsible use of the medication, and approved my child's ability to perform self-assessment and medication self-administration of the appropriate medication. The physician's medical orders and treatment plan are currently on file in the school nurse's office.

I give permission for my child, _____, to self manage his/her diabetes as noted in the physician's medical orders and his/her school health plan

My child has been instructed in the self-assessment of his/her diabetes needs and has demonstrated that he/she has the ability to properly follow the necessary procedures and use of medication. My child also understands that he/she will be permitted to self-administer the prescribed medications if in doing so he/she does not endanger his/her own person or other persons through the misuse of the medication or equipment. My child and I also understand that the school district, its employees or agents may confiscate a student's medication or equipment if the self-administration of the medication is not in compliance with the medical order or treatment, or the student endangers other with his/her medications or equipment. My child also understands that this medication is not to be shared with others.

I understand the school, including its employees and agents, is to incur no liability as a result of any injury arising from the performance of self-assessment procedures and the self-administration of medication nor from any injury arising from the student carrying and disposing of equipment and supplies to perform these procedures, and that I indemnify and hold harmless the school, including its employees and agents, against any claim arising out of the performance of the procedures or storing and disposing of equipment and supplies to perform them.

 Signature, Student Date

 Signature, Custodial Parent/Guardian Date

 Signature, School Nurse Date Received