



Appendix A **REQUEST AND CONSENT FOR THE ADMINISTRATION OF
DIABETES INTERVENTIONS**

DATE (yy/mm/dd): _____

A. To be completed by the parent/guardian or student if over 18 years of age (please print)

This form is completed when the school agrees with the parental request to administer diabetes interventions. A new form is required:

- at the initiation of this process
- at the beginning of each school year
- when interventions change

Staff agreeing to administer diabetes interventions will do so according to the information on the Diabetes – Student Management Plan and this form only.

Student Name:		Address/Postal Code:	
Date of Birth (dd/mm/yy)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Student #:	Medic Alert I.D Y <input type="checkbox"/> N <input type="checkbox"/>
Grade:	Room:	Teacher:	
Name of Father:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Mother:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Guardian:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Emergency Contact	Home Tel.#	Bus. Tel.#	Cell Tel.#

B. To be completed by the parent/guardian (please sign at the bottom)

Statement of Understanding

Regarding Parent Requests to Provide Diabetes Intervention to Students by Employees of the Wellington Catholic District School Board.

As the parent(s)/guardian of (print name of student) _____, I(we) accept and endorse the following terms and/or conditions pertaining to my (our) request for Wellington Catholic District School Board employees to provide, under our own authority, my (our) child with interventions listed on the Diabetes – Student Management Plan. Specifically, I/we understand and accept that:

- Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child’s medical condition or know how to treat the medical condition;
- Board employees do not: administer insulin syringe injections; push the release button on the insulin pump (bolus); store insulin overnight; determine procedures for low blood glucose count; supply fast-acting sugar; dispose of sharps;
- I/we are responsible for supplying and maintaining a limited but adequate supply of fast acting sugar (e.g. juice boxes);
- I/we are responsible for supplying our child(s)/the student’s blood sugar testing items and insulin injection supplies, and I/we agree that such supplies are to be in a safe container, labeled with our child’s name for transport and storage in class;
- I/we are responsible for providing up to date information to the school regarding changes in the medical condition, as well as changes that may affect the treatment as outlined in the Diabetes-Student Management Plan;
- I/we release the Wellington Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child’s person, or property, or to me/us as a consequence, arising from administering the interventions, failing to administer the interventions correctly and/or failing to administer any intervention;

Signature of Parent/Guardian: _____ Date: _____
or student if over 18 years of age

C. To be completed by a parent/guardian (For diabetes interventions to be taken during school hours or school-sponsored events)

DIABETES INTERVENTIONS	DOSE	PROVIDE @ (TIME)	REASON
1.			
2.			
3.			
4.			

ADDITIONAL INSTRUCTIONS AS NEEDED

D. To be completed by the parent /guardian

<u>Request and Consent for the Administration of Diabetes Interventions</u>	
<p>Insofar as it concerns my child _____, attending _____, I/We _____</p> <p style="text-align: center;">(Print child's full name)</p> <p style="text-align: center;">(Print School name)</p>	
<p>i. Have read and understand the information conveyed in this "Request and Consent for the Administration of Diabetes Intervention" form;</p> <p>ii. Agree to comply with the responsibilities described in Part B above;</p> <p>iii. Request that the interventions listed in Part C of this form be administered to my/our child according to the information we have provided; and furthermore,</p> <p>iv. Release the Wellington Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Part C above.</p>	
<p>Signature of Parent/Guardian: _____ Date: _____</p> <p>or student if over 18 years of age</p>	
<p><small>This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29,30,31,32 and 33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M-56 and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch.A.</small></p> <p><small>If you have any questions regarding your child's personal information please contact the Principal of your child's school.</small></p>	

