

Parent Consent Form

I, the parent/legal guardians of _____ request that the attached **Diabetes Medical Management and Treatment Plan** be implemented for my child. I understand that I need to and will notify the principal or school nurse immediately if: my child's health status changes, I change physicians, emergency contact information changes, or the Management/Treatment Plan changes in any way.

I also give my permission to the Southwest Independent School District's school nurses and designated trained diabetic care assistants to perform and carry out the diabetes care tasks as outlined by my child's Diabetes Medical Management and Treatment Plan.

I (We) will:

1. Provide the necessary supplies and equipment
2. Notify the school nurse if there is a change in pupil health status or attending Health Care Provider
3. Notify the school nurse immediately and provide new consent for any changes in doctor's orders.

I understand that the unlicensed diabetes care assistant, who works under the supervision of the principal, is not liable for civil damages as provided by Section 168.009 of House Bill 984—Care of Diabetic Students.

I also consent to the release of the information contained in this Diabetes Medical Management and Treatment Plan to all staff members and other adults who may need to know this information to maintain my child's health and safety. Information concerning my child's DMMTP may be shared with/obtained from the diabetes health care providers.

Parent/Legal Guardian signature _____

Date _____ Phone (Hm) _____ (Wk) _____
(Cell) _____