

West Marshall Community School District
P.O. Box 670, 601 3rd Street N.W.
State Center, Iowa 50247

Permission Form: Independent Diabetes Care



JACY LARGE
SUPERINTENDENT
641-483-2660

JACOB RANDALL
HIGH SCHOOL PRINCIPAL
641-483-2136

BOB TOLLEFSON
INTERMEDIATE/ MIDDLE
PRINCIPAL
641-483-2165

NANETTE SMITH
ELEMENTARY PRINCIPAL
641-483-2671

STEPHANIE EDLER
BUSINESS MANAGER
641-483-2660

DAVID SHIPLEY
ATHLETIC DIRECTOR
641-483-2660

AMY CLARK
FOOD SERVICE DIRECTOR
641-483- 2165

Student Name: _____

Birthdate: _____

This form indicates that the above named student has a diagnosis of diabetes, is independent and can perform diabetes care, and has approval to self-administer his/her diabetes care including:

- Glucose monitoring
- Insulin calculation and administration
- Record keeping
- Carbohydrate counting

The student understands that he/she is to promptly report to the school nurse or other adult with any symptoms of high or low blood sugar or when not feeling well.

My child has been instructed in and understands his/ her diabetic self-management. My child understands that he/she is responsible and accountable for carrying and using his/her medication and equipment.

I and my child understand that the Individual Health Plan will remain on file and will be modified when/as indicated to reflect changes as recommended from the health care provider.

I and my child understand that the school administration may revoke permission for Independent Diabetes Care at any point during the school year if it is determined that he/she is not safely and effectively managing his/her own diabetic care.

Parent/Guardian Signature

Date

Student Signature

Date