



Molalla River School District

Diabetes Self-Management Contract Type 1 Type 2

Student:	DOB:
Parent:	
Provider:	
<input type="checkbox"/> 504 <input type="checkbox"/> IEP Case Manager:	School:

Self-Management means:

- The student understands the basic physiology of diabetes.
- The student understands the basic mechanism of insulin or anti-diabetic medication.
- The student understands carbohydrates and activity in relationship to blood sugar.
- The student understands monitoring blood glucose.
- The student understands symptoms of high or low blood glucose.
- The student understands when to seek assistance.
- The student understands basic medication safety.

School Diabetic Orders of file with Physician’s signature designating this student as a self- manager

Student

- I agree as a self-manager that I understand the definition as stated above.
- I agree to dispose of any sharps by keeping them in my kit or placing them in a sharps container at school.
- I agree to notify the office or nearest adult if my blood glucose is below _____ or above _____, or I feel symptomatic.
- I will not allow other students to access to my diabetes supplies.
- I will keep my supplies in a designated and secure place.
- I understand that self-management of diabetes is very important and that I must do so in a safe manner in the school setting.

Student’s Signature: _____ Date: _____

Parent

- I agree that my child can self-manage his/her own diabetes, and can recognize when to seek assistance.
- I understand I am responsible to provide backup supplies and emergency supplies to the school.
- I understand this contract is in effective from the date signed forward unless any concerns develop clinically or behaviorally or my child fails to meet the above contingencies.

Parent’s Signature: _____ Date: _____

School Administrator:

- I agree that this student is behaviorally and developmentally capable of self -managing their diabetes at school.

School Administrator’s Signature: _____ Date: _____

School Nurse:

- I agree with the above designation for this student based on my assessment of the student’s management either independently or in collaboration with his/her parents as designated by the physician.

School Nurse’s Signature: _____ Date: _____