Molalla River School District

Diabetes Self-Management Contract ☐ Type 1 ☐ Type 2

Student:	DOB:
Parent:	
Provider:	

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.

This agreement is in effect from the date signed going forward unless concerns develop behaviorally or the contingencies of this agreement are not met resulting in compromised safety, or the MD changes the designation of self-manager to requiring assistance.

Physician: ☐ School Diabetic Orders are on 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.
- To dispose of any sharps by keeping them in my kit or placing them in a sharps container at school.
- To notify the office or nearest adult if my blood glucose is below _______ or above _______, or I feel I need assistance.
- That I will not allow other students to access to my diabetes supplies.
- That I will keep my supplies in a designated and secure place.
- That 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 understands self-management as described. , and can recognize when to seek assistance.
- I am responsible to provide backup supplies and emergency supplies to the school.

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:______________