

DIABETIC OPT OUT FORM

SCHOOL: LCHSN

STUDENT: _____

My child is not required to report to the Counseling office (medical aide) to check or record blood sugars. My student **will notify the Counseling office** (medical aide) if blood sugar levels are **BELOW 80 (Hypoglycemia) or ABOVE 300 (hyperglycemia)**. If student's levels are outside above limits, the following will be completed.

1. Treat student for the situation in accordance with student's action plan on file.
2. If there is no action plan on file call parent and monitor student, perform the following steps.
 - a. If student is Hypoglycemic follow attached quick reference guide.
 - b. If student is Hyperglycemic follow attached quick reference guide.
3. Administer GLUGACON emergency medication if student is in severe Hypoglycemia.
 - a. My child __ will or __ will not keep a GLUCAGON emergency medication in the Counseling office.
 - b. My child __ will or __ will not hand carry GLUCAGON emergency medication.

Name of Parent

Date

Signature of Parent

Signature of Student

