

SAISD Parent Permission Form

Addendum to UTHSC Diabetes Management and Treatment Plan

I give permission to the school nurse to perform and carry out the diabetes care tasks as outlined in the UTHSC Diabetes Medical Management and Treatment Plan. 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. I further consent for the school nurse to give information to and receive information from my child's doctor.

I ☐ do ☐ do not give permission for an unlicensed diabetes care assistant (UDCA) to care for my child in the absence of the nurse. I understand that an unlicensed diabetes care assistant is not liable for civil damages and that the school nurse is not responsible for actions performed by an unlicensed diabetes care assistant.

Student's Parent/Guardian

Date