



Quincy Public Schools

Student Independent Diabetes Monitoring & Treatment at School

Student name: _____ may self-manage their diabetes while at school or a school sponsored event during the 20____ school year. Traditionally, the school nurse provides medical care that students may require at school, but QPS is committed to supporting students with diabetes to gain independence in the monitoring and treatment of their diabetes. M.G.L. Part I, Title XII, Chapter 7, Section 54B allows students who can demonstrate their ability to appropriately monitor and treat their diabetes to transport their own medications and supplies and to manage their diabetes independent of the school nurse. Parents or legal guardians are responsible to provide all of the supplies or equipment necessary for monitoring and treatment and all management plans and orders must be renewed annually.

The school nurse has verified the following:

- A current order for self-management from the student's healthcare provider is on file;
- The student's parent has submitted written consent this school year for the student self-manage his/her monitoring and treatment; and:
- The student has demonstrated to the school nurse his/her ability to:
 - self-administer necessary medications and treatment;
 - articulate the name and describe the purpose of each medication included in the treatment plan;
 - identify the prescribed dosage for each medication administration;
 - properly identify problems that require adult assistance in the school setting;
 - use an appropriate personal sharps disposal container; and
 - identify the medication's expiration date

I _____ [student name], understand proper medication use and that the medication[s] identified in my treatment plan are for my use to monitor and treat diabetes. I understand that QPS policy prohibits student transport of medications during a regular school day and this authorization is extended to me because I have demonstrated my ability to self-manage my diabetes. I will be responsible with my medication(s) and supplies, take medications only as directed by the prescribing physician or manufacturer, store medications and supplies in a safe place in my belongings and I will not share medications or supplies with others under any circumstance. I also understand that the misuse or sharing of my medications or treatment supplies can result in disciplinary action according to the student code of conduct. I will seek the assistance of the school nurse or a responsible adult if I have any questions about my medication(s) or have any symptoms after the use of my medication(s).

School Nurse Signature: _____ Date: ____/____/20____

Parent Signature: _____ Date: ____/____/20____

Student Signature: _____ Date: ____/____/20____