

**LAMAR CONSOLIDATED ISD
PHYSICIAN'S AUTHORIZATION
STUDENT SELF-MANAGEMENT OF DIABETES
AT SCHOOL**

I have instructed (student) _____
in the proper self-management of Diabetes, including:

blood glucose testing
insulin administration
emergency treatment, including the use of fast acting carbohydrates and glucagon.

This patient has been instructed in related safety precautions including the proper disposal of sharps and blood-soiled items.

I have completed and attached a **Diabetic Treatment Plan**, which includes physician directives for:

blood glucose testing
urine ketone testing
appropriate response to abnormal blood sugar levels
diabetic medications including Insulin (if applicable at school) and Glucagon.

In my professional opinion, this student should be allowed to carry diabetes supplies, including lancets and syringes, on his/her person, as well as to self-administer and manage diabetes testing and treatment while at school or school related events.

In my professional opinion, this student should not be allowed to carry diabetic equipment on his/her person while at school or school related events.

Physician Signature:	Date:
Printed MD Name:	Date:
Physician's Phone Number:	

I agree with the physician's recommendations as noted above and have informed my child.

Parent's Signature	Date:
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