

THE SCHOOL DISTRICT OF LEE COUNTY  
HEALTH SERVICES

Authorization to Conduct Blood Glucose Testing in Location other than the Clinic

Dear Parent/Guardian:

In order for your child to conduct his/her own blood glucose testing in a location outside of the clinic, your child must hand in this form with parts A and B fully filled out. Part C will be completed in the clinic with your child. Your child must be able to answer the questions in Part C or permission will not be granted. This is for the safety of your child and others. This form must be filled out IN ADDITION to the parent and licensed healthcare provider's consent and release for procedures identified in the diabetic care plan.

A. To be completed by the Florida licensed healthcare provider:

SEBASTIAN ESTREME has been instructed in the blood glucose testing procedure, the assessment of testing results and the procedures to be followed after the results of the testing have been evaluated. He/she has been instructed to go to the clinic if the result of the blood glucose test is below \_\_\_\_\_ or above \_\_\_\_\_.

In my professional opinion, this student is responsible and should be allowed to test his/her blood glucose in a location other than the clinic, evaluate the results and react appropriately as indicated above.

\_\_\_\_\_  
Licensed Provider Signature Phone Date

B. To be completed by the parent/legal guardian:

I request that my child SEBASTIAN ESTREMERERA be permitted to conduct blood glucose testing in the following locations, \_\_\_\_\_

My child has been instructed in, understands the purpose, appropriate method and frequency of blood glucose testing and is able to read, assess and react appropriately to the results. My child understands that he/she is responsible and accountable for carrying and using his/her glucometer. It is also understood that if there is any irresponsible behavior or safety risk, this *privilege* will be rescinded. I will support my child in following the agreement in Part C.

\_\_\_\_\_  
Parent/Guardian Signature Phone Date

C. To be completed by school nurse:

Student is consistently able to:	Yes	No
Perform blood glucose test correctly	_____	_____
Read test results	_____	_____
Determine correct action	_____	_____
Identify when testing is needed	_____	_____
Describe when to go to clinic	_____	_____
Student demonstrates safe disposal of lancet.	_____	_____
Student demonstrates correct disposal of test strip	_____	_____
Student understands his/her responsibility and agrees not to perform test on others	_____	_____

\_\_\_\_\_  
School Nurse Signature Date