Request for Self-Administration of Diabetic Insulin and Glucose Testing

Health Services

Public Act 92-402 states that students who have been diagnosed with diabetes and prescribed insulin medication be permitted to administer the medication and glucose test independently. Documentation from the parent and physician certifying that the student has been instructed in the use and self-administration of the medication and glucose meter must be on file at the school.

This form must be completed, signed by the parent and physician, and submitted to the school office on an annual basis, at the beginning of each school year, or as the need for administration of medication becomes necessary.

School: _____

Student's Name: _____ Birth Date: _____ Grade: _____
Please Print

Name of Prescribed Medication: _____

Dosage: _____ Time(s) to Be Given: _____

Possible Side Affects: _____

I certify that the above named student has been instructed in the use and self-administration of the insulin medication prescribed. I also certify that the student understands the need for the insulin medication and glucose testing, and the necessity to report any unusual side effects to school personnel that may occur when using the medication at school.

Name of Physician: _____ Phone Number: _____
Please Print

Address: _____

_____ _____
Signature of Physician Date

I authorize School District 158 and its employees and agents, to allow my child to use the prescribed insulin medication and glucose meter: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) while attending before or after normal school activities, such as before-school or after-school care on school-operated property. I agree to indemnify and hold harmless School District 158 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication and glucose testing. I also give my permission to Huntley School District 158 and its employees and agents, to contact the physician in regard to any medication questions or concerns.

Parent's Name: _____ Relationship: _____
Please Print

Work Phone: _____ Cell Phone: _____

_____ _____
Signature of Parent Date