

Kids with diabetes in your care

Letter of agreement between parent and school

Student's name: _____

PARENT:

I agree to carry out reliably the parent's responsibilities as listed in the *Standards of Care for Students with Type 1 Diabetes in School*.

I give my consent for the staff of

School: _____

to execute the school's responsibilities as outlined in the Standards.

In the event of an emergency (severe low blood glucose incident), I authorize the school staff identified to obtain emergency services and to authorize such emergency treatments as is necessary. I agree to assume responsibility for all costs associated with medical treatment.

Parent's name: _____

Parent's signature: _____

Date: _____

SCHOOL ADMINISTRATOR:

The school personnel have reviewed and will carry out the responsibilities listed in the Standards associated with the care of:

Student's name: _____

The school personnel have reviewed the material in the *Kids with Diabetes in Your Care* Resource Kit provided by the parent and prepared by the Canadian Diabetes Association.

The following school personnel are identified as key contacts with the above-named student:

Name: _____

Position: _____

Name: _____

Position: _____

School administrator's name: _____

School administrator's signature: _____

Date: _____

The *Letter of Agreement* and the *Kids with Diabetes* information card should be completed and reviewed by the parent and school annually, where appropriate. Completion of this agreement is not mandatory; however, some schools and parents/caregivers find it useful. It is the responsibility of the parent to ensure that the information is accurate and to maintain the *Letter of Agreement*.