

# GLUCOSE MONITORING CONSENT FORM

Student \_\_\_\_\_ Date \_\_\_\_\_ **page 1**  
 School \_\_\_\_\_

Time of day to be tested \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

I, parent/guardian of \_\_\_\_\_, hereby give approval for school levels personnel to assist in the monitoring of glucose for my son/daughter.

\*Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

DATE	TIME	STAFF INITIALS	TEST RESULTS	UNITS	STUDENT INITIALS	COMMENTS/NOTES

Staff initial & Sign Below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any staff supervising glucose monitoring needs to initial in column provided on form and must include their initials and full name at the bottom of the page. \*\*Insulin that is self-administered by student must be double checked by staff. Except if a self-medication agreement has been established.

Time