

## McKinney Independent School School Health Services

### Parent Request for School Personnel to Access Continuous Glucose Monitoring via an On-line Computer Application or Program

Student Name		ID#/DOB	
Campus		School Year	

I authorize MISD Health Services personnel to have access to my child's continuous glucose monitor (CGM) via the Dexcom Share or Nightscout App/Program ("App" or "Program") on a MISD-owned device during school hours and/or a school-sponsored activity. No information will be entered into the App or Program by MISD school personnel. I acknowledge that no MISD employee is responsible for and/or will constantly monitor my child's glucose on the App/Program; the App or Program will be used as a supplementary tool to assist MISD Health Services personnel in monitoring student glucose levels. I understand and agree the physician's orders, daily treatment plan, and the nurse's assessment will continue to be the primary methods for providing care to my child.

All treatment of glucose levels or insulin by a campus nurse or other MISD personnel shall be based on a finger stick only and not upon the CGM App alarms or notices-unless physician's orders including, but not limited to specific blood glucose ranges and treatment protocols are received and the device utilized is FDA approved for the student's age.

I understand that calibration of the CGM shall be performed before or after school hours and that I am changing the CGM site as directed by my healthcare provider.

I understand it is my responsibility to notify the school nurse of the use of any medications containing acetaminophen.

I understand that the MISD Health Services professional at my child's campus will make all final decisions regarding when and where to monitor my child's glucose via the App/Program (i.e. recess or other activities without wifi capabilities).

I acknowledge that my child is aware of the CGM alarms and understands to notify their teacher, school nurse, or other MISD staff when an alarms sounds.

I also acknowledge that the App/Program requires wireless internet and/or other wireless services and that McKinney ISD and its employees are not responsible for wireless services other than McKinney ISD district operated service set identifiers (SSID), any lapse in service, software malfunction, CGM malfunction, or for notifying me of technology issues.

I understand that my request for MISD personnel to monitor my child's CGM is dependent on written authorization from my child's health care provider for the school use of a CGM.

I also understand that continuous glucose monitoring on a MISD owned computer screen may not always be private. My signature below indicates a waiver and release of all claims, including a waiver and release of claims under the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) in the event my student's protected information is inadvertently released.

By my signature below I acknowledge that I understand and agree to the terms outlined above.

Parent Signature	
Parent Printed Name	
Date	