



Parent Request for School Personnel to Access Continuous Glucose Monitoring via an Online Computer Application or Program

Student Name: _____ Student ID: _____ Date of Birth: _____

Campus: _____ Grade: _____ School Year: _____

I authorize Conroe ISD personnel to have access to my child’s continuous glucose monitor (CGM) via the Dexcom Share, Nightscout, or similar App/Program (“App” or ‘Program”) on a District-owned device during school hours and/or a school sponsored activity. No information will be entered into the App or Program by CISD school personnel. I acknowledge that no CISD 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 CISD personnel in monitoring student glucose levels. I understand and agree the physician’s orders, Individualized Health 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 designated unlicensed diabetes care assistant (UDCA), 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 should be performed before or after school hours. Changing the CGM site as directed by my healthcare provider will occur before or after school hours.

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

I understand that the CISD nurse or designated UDCA 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 CISD staff when an alarm sounds.

Yes No _____ (Parent/Guardian Initials)

I also acknowledge that the App/Program requires wireless internet and/or other wireless services and that CISD and its employees are not responsible for wireless services other than Conroe 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 CISD 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 CISD 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 (HIPPA) 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/Guardian’s Signature

Printed Name

Date