



Dr. Busani Siphambili  
ES Assistant Principal

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MS/HS Assistant Principal

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Dr. Le Lang  
Principal

Mrs. Cherrika Ashford  
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Student's Name \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

**Diabetic Agreement**

1. Parent/Guardian will keep an available supply of supplies at all times at the school, including but not limited to: insulin, syringes, lancets, strips, glucometer, glucose tablets, glucagon, ketone strips, pump supplies (site change, extra batteries) snacks and drinks.
2. Parent/Guardian is responsible for checking controls on glucometer
3. If the student is in need of any of these items for diabetic care and if it is not available the student must be picked up by parent/guardian or designee. The school is not responsible for purchasing items for student or borrow from another from another diabetic student. Parent/Guardian is responsible for keeping adequate supply of all items needed for the student's diabetic care.
4. The student has responsibility to take an active part in their diabetic care. This means checking blood sugars as ordered, taking insulin as ordered. The nurse or trained staff will always observe and be there for assistance. The student need to report to nurse or trained staff if any issues that arise concerning their diabetes during school hours.
5. To assist the diabetic student, the school nurse or trained staff will attempt locate the student for missing times they should be in clinic for care. The student will need to take active role in diabetic care.
6. The nurse will notify all teachers about the diagnosis and the schedule of the student for diabetic care, so that teachers can assist in reminding student about coming to nurse's office on time.
7. The nurse will send notes home, email and via student of any summary of clinic visits of any concerns that arise during school hours.
8. The parent/guardian will keep the school and school nurse informed of address, telephone and/or any contact information that changes throughout the year.
9. The school nurse and trained staff will follow all orders from the physician.

Brand of Glucometer \_\_\_\_\_ Serial number \_\_\_\_\_

We agree to the above responsibilities and will adhere to the responsibilities as listed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date