

Insulin and Insulin Pump Instruction Form

Name of Student _____ Grade _____

The Adult Designee (s) noted below has/have received instruction on how to use an insulin pump or administer insulin to my child. The Diocese of Fort Worth Medication Permit Form is on file in the school office/clinic with the medication and all supplies required to administer this medication.

The School Nurse is the only staff member permitted to assist with insulin administration at a school in the Diocese of Fort Worth. Other School and Church personnel are not permitted to administer or assist with administration of any form of insulin.

Name and phone number of individuals I designate to perform insulin administration or adjust the insulin pump and input information for my child.

_____/_____

_____/_____

_____/_____

Parent Signature

Date

Attach this form to the Student's Medication Permit Form.

This form is to be renewed each school year with the medication permit.