



CLARK COUNTY SCHOOL DISTRICT Health Services Department

Request to Authorize Student Self-Care of Diabetes

Part I: Parent/Guardian to Complete This Section (Please Print)

Student Name: _____ Student #: _____ Date of Birth: _____

School: _____ Grade: _____ Age: _____

Parent/Guardian(s): _____ Phone: _____

Emergency Contact(s): _____ Phone: _____

Licensed Healthcare Provider Name and Phone Number: _____

By signing this section, in compliance with NRS 392.425, I am granting permission for my child to be independent in all aspects of his/her diabetes care while on school grounds, while participating in public school-sponsored activities, or on a school bus. I understand that CCSD Emergency Care Guidelines will be implemented for the protection of the student, if deemed necessary. I am acknowledging receipt of protocols for needles and medical waste and the Diabetic Emergency Care Guidelines as outlined in NRS 392.425. I further give my permission for the exchange of confidential medical information between the licensed health care provider or associates directing my child's diabetes care and the Clark County School District Health Services Department school nurse. I or the contacts listed above can be reached at all times, and I will notify the school's Health Office of changes in phone numbers immediately. If my child needs to be picked up from school, I or a designated person of my choice will arrive at the school within a reasonable time of notice, or the school may need to seek emergency medical services.

I understand that diabetes self-care does not create a duty for the board of trustees, the school district, or the public school, or an employee or agent thereof in addition to those duties otherwise required in the course of service of employment. I further understand that the board of trustees, the school district and the public school, and any employee thereof, are immune from liability for the injury to, or death of, the student as a result of the student's diabetes self-care, or failure of the student to follow his/her diabetes regimen, as prescribed by his/her healthcare provider.

Parent/Guardian Signature: _____ Date: _____

Part II. School Nurse to Complete This Section (Please Print)

School Health Plan: _____ Diabetes Self-Care Competency Checklist: _____
Date Date

Licensed Health Care Provider Orders Indicate Student is Independent: Yes ____ No ____

Additional Information: _____

Student is authorized to be independent in all aspects of his/her diabetes care according to guidelines provided to the student by his/her licensed health care provider. This authorization is valid for one school year.

School Nurse Signature

School Nurse Printed Name

Date



CCSD Health Services Department Medical Waste and Proper Needle Disposal Protocol

These procedures are based upon CCSD guidelines (PUB 593) that are already in place for staff and modified for students.

1. A Sharps Disposal Container will be supplied by each school health office for physician-deemed independent students providing self-care outside the health office that requires the use of Sharps (needles, lancets, syringes and other sharp objects).
2. Needles, lancets, syringes, testing strips and other sharp objects must be placed into the Sharps Disposal Container immediately after use. **Vials should not be placed in these containers.** Epi pens that have been used should be discarded in appropriate Sharps Disposal Container, and there should be immediate reporting to health office personnel for activation of need for Emergency Medical Services.
3. Do not fill Sharps Disposal Containers past the fill line. If there is no fill line, leave a 2 inch space at the top of the container for expansion when autoclaved.
4. Bring full Sharps Disposal Containers to the Health Office for proper disposal.
5. If blood or body fluid spill occurs, students should notify a school staff member or the health office for proper clean up. Students should not try to clean up the area themselves.
6. Any other type of medical waste such as vials, pump tubing, blood or body fluid materials should be double bagged prior to disposal. These items should be brought to the health office to ensure they are double bagged and properly disposed.