

## Continuous Glucose Monitoring Request & Acknowledgement

I am the Parent/Guardian of \_\_\_\_\_ (“child/ward”) and I hereby grant permission to school personnel of the Allen Independent School District (“Allen ISD” or “District” or “AISD”) to access the continuous glucose monitor (“CGM”) of my child/ward.

**In order for school personnel of Allen ISD to access the CGM of my child, I hereby understand, acknowledge, and agree to the following:**

1. Neither Texas law nor AISD policy requires Allen ISD to access or monitor my child’s/ward’s CGM or continuously monitor my child’s/ward’s glucose in any manner.
2. I hereby grant to the Allen ISD any and all access to my child’s/ward’s CGM, and I hereby certify that my child/ward has been trained to use and access his/her CGM.
3. Allen ISD School personnel will not continuously monitor my child’s/ward’s glucose via his/her CGM.
4. Allen ISD School personnel will monitor and treat my child/ward for medical reasons, including, but not limited to, monitoring and providing treatment for diabetes, as they do all students.
5. Should Allen ISD school personnel elect to access my child’s/ward’s CGM, they shall do so via the platform selected by the District on a District-owned device.
6. All medical treatment provided by Allen ISD school personnel to my child/ward for diabetes-related symptoms shall be made only after an FDA-approved finger stick and not for any reason related to my child’s/ward’s CGM device that is not FDA-approved for treatment.
7. CGM-based treatment decisions may be made using a device that is FDA-approved for treatment as indicated on the child’s/ward’s diabetes medical management plan. I understand that school personnel will check a finger stick blood glucose to confirm the glucose level in situations where they are not confident of CGM readings.
8. I understand that medication containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify school personnel when my child/ward has received acetaminophen (Tylenol).
9. I understand that my child’s/ward’s CGM requires wireless internet service and that the Allen ISD is not responsible for any lapse in wireless internet service or any wireless “connection” issues of any kind.
10. I understand that I am solely responsible for the maintenance and upkeep of my child’s/ward’s CGM, including, but not limited to, ensuring proper functioning of the CGM and that any and all software and/or program updates have been completed, and that the Allen ISD is not responsible for any functioning issues that may occur with my child’s/ward’s CGM and will not use CGM readings for treatment if the device is not properly maintained and calibrated.
11. I understand that my child’s/ward’s CGM health information shall be displayed on a screen that a person other than Allen ISD school personnel may view or have access to and I therefore waive and release the Allen ISD from any and all claims under the Family Educational Rights and Privacy Act (FERPA).

\_\_\_\_\_ I hereby certify that my child will independently respond to and access his/her CGM

\_\_\_\_\_ I hereby certify that my child will independently use his/her CGM for insulin-based treatment decisions

\_\_\_\_\_ I hereby certify that my child requires assistance to respond to or access his/her CGM

By execution of this document, I acknowledge and agree to the above and hold harmless the Allen ISD, its employees, agents, representatives, and board of trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney’s fees, arising out of or resulting from the District’s use, or my child’s/ward’s use, of my child’s/ward’s CGM.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date