



Current School Year _____

Diabetes Individualized Healthcare Plan (IHP)

A copy of medical orders MUST be attached to this IHP. Please respond to ALL areas of the plan. ALL communication regarding your student's diabetes care will be communicated in writing. Insulin changes will ONLY be accepted via the MISD Parent Request-Insulin Change Form. Student information will NOT be accepted verbally, over the phone, or by text message.

_____ (photo of student attached)

Name: _____ DOB: _____ Grade: _____

Type 1: _____ Type(T).04 Tf1 12 0 12 92 reW* nBT/F1 11.04 Tf1 0 0 1 15.98 1.6m0 3>



Diabetes Individualized Healthcare Plan (IHP)

I authorize the District to designate unlicensed diabetic care assistants who have been trained by MISD Health Services to perform and carry out the diabetic care tasks as outlined in this document. I understand that if at any time the supervising personnel or my child's life is in danger, an ambulance or Emergency Medical Services (EMS) will be activated, and I agree that my insurance carrier or I will assume the responsibility for all costs incurred as a result. I understand that the School District, Board of Trustees, and District employees shall not be held responsible for damages or injuries resulting from the administration of medication or any care provided to a student with diabetes. I further understand that it is my responsibility to notify the campus nurse if my child will participate in any after-school activities.

I consent to the release of medical information contained on this form to school officials who have a legitimate educational interest in the information, according to MISD Board Policy and the Family Education and Privacy Act.