

City of Roseville Parks, Recreation & Libraries

Blood Glucose Testing Authorization and Release

Part 1 - To be completed by parent/legal guardian

I hereby authorize the City of Roseville Parks, Recreation & Libraries Department, including but not limited to its officers, agents, employees and volunteers (hereinafter "staff"), to permit the minor child/participant diagnosed with diabetes and identified below to carry on his/her person prescribed blood glucose testing materials and to be allowed to use it and/ or to administer or facilitate the performance of blood glucose testing. I certify that I have read, understand and have complied with the Information and Procedures - Use of Blood Glucose Testing Materials on the back of this form and assume the responsibilities as required therein.

I agree to release, defend, indemnify, and hold harmless the City of Roseville and its staff from any claims, losses, actions, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "Claims") directly or indirectly arising out of the City's administration and/ or facilitation of the use of the blood glucose testing materials for the participant identified below. This agreement shall be broadly construed.

Participant Name

Birthdate

Parent/Legal Guardian Name

Telephone

Parent/Legal Guardian Signature

Date

Part 2 - To be completed by participant's physician

Diagnosis: _____

Medication (tradename): _____

Dosage/frequency: _____

Potential side effects and expected response: _____

I certify and acknowledge that this participant has received information on how and when to use the blood glucose testing materials and that he/she can use it properly in an emergency. I further certify and represent that this blood glucose test is approved by the Federal Food and Drug Administration.

Physician Name (Print)

Telephone

Physician Signature

Date

Information and Procedures- Use of Blood Glucose Testing Materials

1. Nonessential medications will not be permitted during program hours. Any medication taken during program hours must have parent/legal guardian and physician authorization. The participant's physician's name, address and telephone number shall be provided.
2. The first dosage of any medication must be taken on a date prior to any use while attending a City of Roseville program.
3. The parent/legal guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
4. All medications shall be kept in a locked area only accessible to authorized staff unless participant has a signed a parental release to carry medication.
5. A physician may certify that a participant has adequate information and training to be permitted to carry and use the blood glucose testing him/herself.
6. The parent/legal guardian must pick up unused portions of medication immediately after the effective date expires or at the end of the program date. Medications not claimed will be destroyed.
7. The City of Roseville Parks, Recreation & Libraries Department and its staff does not assume responsibility for unauthorized medication taken independently by the participant.
8. Under no circumstances may the City of Roseville and its staff permit, administer or facilitate the taking of medication outside the procedures outlined here.

Medication Chart

Staff Documentation of Medication Administration

Participant Name: _____

[illegible]