BAINBRIDGE ISLAND SCHOOL DISTRICT
AUTHORIZATION FOR INSULIN PUMP USEAGE AT SCHOOL

Student's Name: ____ Birthdate: _________________

School: ____ Grade: ___________________

THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL (LHP)
(e.g., MD, DO, ARNP, DDS)

Type of Pump	Type of Insulin in Pump
Type of Infusion Set	
Carbohydrate to Insulin Ratio	
Blood Glucose Correction Factor	
Blood Sugar check with Insulin Bolus " ""Before lunch """ Before snack Other: ______________________________	

Student Pump Skills					
Skill	**Yes**	**No**	**Skill**	**Yes**	**No**
1. Independently counts carbs			7. Reconnects pump at infusion site		
2. Gives correct bolus for carbs consumed			8. Gives injection with a syringe if necessary		
3. Calculates and administers correction bolus			9. Fills reservoir or cartridge and primes tubing		
4. Sets basal rate			10. Inserts infusion set		
5. Sets temporary basal rate			11. Troubleshoots all alarms		
6. Disconnects pump if necessary					

The above-named student is authorized to use an Insulin Pump and medication in accordance with the instructions

indicated above from (date): __________________________ to (date):
(not to exceed current school year).

LHP's Signature: ____ Date: ______________________

LHP's Name: ____

Phone Number: (_____) ___________________________

Fax Number: (_____) ________________________ **(Stamp)** ____

(over)

PARENT/GUARDIAN PERMISSION FOR INSULIN ADMINISTRATION AND INSULIN PUMP USAGE

The insulin pump and all supplies are to be furnished by me. I understand that my signature indicates my understanding that reasonable care will be exercised in supporting the usage of the pump at school. The school accepts no responsibility for adverse reactions when the pump is used in accordance with the licensed health professional's directions. I also understand the importance of being available for consultation and support with my student's insulin pump.

Note: This authorization is good for the current school year only

Signature of Parent/Guardian: ________________________________ Date: ____________

Home phone: ______________________

Work phone: ______________________

Cell phone: ______________________