Cameron Independent School District
Continuous Glucose Monitoring Agreement

Date: _____

I, _____, request that the school nurse monitor my child, _____'s, blood glucose during the school day via a CGM share (i.e. Dexcom) on a device located within the school health office.

Initial:

____ I understand that the school district is not responsible for providing the device needed to monitor my child's blood glucose. I agree to provide the school with an electronic device (i.e. phone, tablet, etc.) for the nurse to monitor my child's blood glucose remotely throughout the school day.

____ In the event a school provided device is available, I agree to prepare an electronic invitation to the school nurse via the CGM (i.e. Dexcom) share application and send it via email to the email provided by my child's school nurse. No personal email or text shall be used when setting up this process.

____I understand that the availability of this monitoring service is subject to the availability and functionality of a Wi Fi signal, and may not be in service at all times.

____ I understand that while the monitoring device will be located in the health office, there is no guarantee that the school nurse will be watching the device at all times throughout the school day.

____ I understand that this service is strictly a convenience and extra level of care, not a replacement for check-ins with the school nurse for face-to -face assessment.

If you have any questions or concerns about your child monitoring or treatment, please contact your school nurse.

_____ _____

Parent / Guardian Signature Date

_____ _____

School Nurse Signature Date