



PARK RIDGE-NILES SCHOOL DISTRICT 64

164 South Prospect Avenue • Park Ridge, IL 60068 • (847) 318-4300 • F (847) 318-4351 • d64.org

Authorization to Provide Diabetes Care, Release of HealthCare Information, and Acknowledgement of Responsibilities

As provided by the Care of Students with Diabetes Act, I hereby authorize the Park Ridge-Niles Community Consolidated School District No. 64 and its employees, as well as any and all agents as designated in the Individualized Healthcare/Diabetes Care Plan or later designated by the District, to provide diabetes care to my child, _____, consistent with this Care Plan. I authorize the performance of all duties necessary to assist my child with management of his/her diabetes during school.

I acknowledge that it is my responsibility to ensure that the School is provided with the most up-to-date and complete information regarding my child's diabetes and treatment. Therefore, I consent to the release of information about my child's diabetes and treatment by my child's healthcare provider(s), _____, to representatives of School District 64. I further authorize District representatives to communicate directly with the healthcare providers(s).

I also understand that the information in the Individualized Healthcare/Diabetes Care Plan will be released to appropriate school employees and officials who have the responsibility for or contact with my child, _____, and who may need to know this information to maintain my child's health and safety.

Pursuant to Section 45 of the Care of Students with Diabetes Act, I acknowledge that the District and District employees are not liable for civil or other damages as a result of conduct, other than willful or wanton misconduct, related the to care of a student with diabetes.

Parent/Guardian Signature: _____ Date: _____