

LISD Health Services

Parent Request for School Personnel to Access Continuous Glucose Monitoring via the:

_____ Share Application

Student Name		ID#	
Campus		School Year	

I authorize LISD Health Services personnel to have access to my child's continuous glucose monitor via the Share app (the "App") on a District-owned device during school hours and/or while my child is at a school-sponsored activity. I acknowledge that no LISD employee will constantly monitor my child's glucose on the App and the nurse is responsible for reviewing the blood sugar reading on the App twice during the school day. The App will be used as a supplementary tool to assist LISD Health Services personnel in monitoring student glucose levels. I acknowledge that my child is aware of the CG alarms and understands the notification procedures as outlined in his or her 504 plan. The physician's orders, daily treatment plan and the nurse's assessment will continue to be the primary methods for providing care to my child. I understand that the LISD Health Services professional at my child's campus will make all final decisions regarding when and where to monitor my child's glucose via the App. I also acknowledge that the App requires wireless internet and/or other wireless services and that Lewisville ISD and its employees are not responsible for any lapse in service or for notifying me of technology issues.

Parent Signature	
Parent Printed Name	
Date	