

FAMILY PERMISSION FOR BLOOD SUGAR TESTING

We (I), the undersigned, who are the Parents/Guardians of:

Name of Student	Birthdate	School/Grade
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Grant permission to the Lewisville Independent School district to perform blood sugar testing utilizing a glucometer as indicated or requested at no charge to this family.

We (I) understand that in order to do blood sugar testing, it will be necessary to perform a finger stick to obtain the blood sample. It is also our (my) understanding that if our (my) child refuses the finger stick, and if we (I) wish the testing to be done, it will be necessary for a parent, guardian, or designated adult to come to the school to perform the finger stick.

We (I) understand that the school administrator may designate any qualified employee (s) to perform the blood sugar testing, and that the employee (s) will be using the procedure for the glucometer.

A NEW PERMISSION MUST BE SUBMITTED EACH SCHOOL YEAR

Signature of Parent/Legal Guardian	Date	Relationship to Student
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Signature of Parent/Legal Guardian	Date	Relationship to Student
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Designated adult to call if student refuses testing	Telephone number
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