

**BLOOD GLUCOSE TESTING AUTHORIZATION/VERIFICATION
RELEASE AND INDEMNIFICATION AGREEMENT**

PART I – To be Completed By Parent or Legal Guardian

I hereby authorize the City of Roseville Parks and Recreation Department, including but not limited to its employees, agents, contractors and volunteers (hereinafter "staff"), to permit the minor child diagnosed with diabetes and listed below to carry on his/her person prescribed blood glucose testing materials and to be allowed to use it and/or to administer or facilitate the performance of blood glucose testing.

I certify that I have read, understand and have complied with the Information and Procedures relating to the Use of Blood Glucose Testing Materials on the back of this form and assume the responsibilities as required therein.

I agree to release, defend, indemnify, and hold harmless the City of Roseville and its staff from any claims, losses, actions, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "CLAIMS") directly or indirectly arising out of the City's administration and/or facilitation of the use of the blood glucose testing materials for the minor child listed below. This agreement shall be broadly construed.

Child's Name _____ DOB ___/___/___ Age ___ Sex ___M ___F

First time use will be on a date prior to any use while attending a City of Roseville program to assure child does not have negative reactions. Date of first dose: _____

Parent/Legal Guardian Signature

Date

PART II – To be Completed by the Child's Physician

Diagnosis _____

Medication (tradename) _____ Date of Order _____

Duration of Order _____ Interval of repeating dosage _____

Dosage at Recreation Program _____ Time(s) _____

Symptoms of Condition _____

Potential Side Effects and Expected Response _____

Other medications child is taking _____

I certify and acknowledge that this minor child has received information on how and when to use the blood glucose testing materials and that he/she can use it properly in an emergency. I further certify and represent that this blood glucose test is approved by the Federal Food and Drug Administration.

Physician's Name (Print)

Address (Print)

Telephone

Physician's Signature

Date

When this Authorization is complete, the original will be placed in child's file and shall be maintained with a copy of a Medication Chart. The child's parent or legal guardian will receive a copy upon request.

Signature of City of Roseville Staff

Program Site and Date

Information and Procedures
Use of Blood Glucose Testing Materials

1. Nonessential medications will not be permitted during program hours. Any medication taken during program hours must have parent/legal guardian and physician authorization. The child's physician's name, address and telephone number shall be provided.
2. Use of medication of any kind is not permitted and may not be accepted by City staff unless the appropriate authorization form is completed and signed.
3. A physician may use office stationery or prescription pad in lieu of completing Part II provided the required information is legible. Information necessary includes: child's name, date of order, duration of order, diagnosis, medication name, dosage, interval of repeating dosage, symptoms, potential side effects and expected response, instructions for proper storing of the medication, identification of other medications the child is taking, the physician's signature and the date.
4. The first dosage of any medication must be taken on a date prior to any use while attending a City of Roseville program.
5. The parent/legal guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
6. All medications shall be kept in a locked area only accessible to authorized staff unless participants have a signed a parental release to carry medication.
7. A physician may certify that a child has adequate information and training to be permitted to carry and use the blood glucose testing him/herself.
8. The parent/legal guardian must pick up unused portions of medication immediately after the effective date expires or at the end of the child's enrollment. Medications not claimed will be destroyed.
9. The City of Roseville Parks and Recreation Department and its staff does not assume responsibility for unauthorized medication taken independently by the child.
10. Under no circumstances may the City of Roseville and its staff permit, administer or facilitate the taking of medication outside the procedures outlined here.

MEDICATION CHART
Staff Documentation of Medication Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
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Upon completion or expiration of effective date, medication must be returned directly to the child's parent/legal guardian or destroyed, and this form placed in child's record.

Staff Signature _____ **Date** _____