

**Rantoul Township High School District #193  
Diabetes**

**Authorization of Administration of Diabetes Management and Care  
by a Delegated Care Aide**

**Information about Delegated Care Aides:**

Rantoul Township High School provides for the management and care of students with diabetes based on Public Act 096-14B5, the Care of Students with Diabetes Act passed by the Illinois General Assembly. The District is committed to providing a high level of care to accommodate any special medical needs a student may require while at school. For each student that seeks care for diabetes at school, the school following the physician's diabetes medical treatment and management plan, in conjunction with the parents will develop a plan to provide for management and care of the student's diabetes while at school. To help carry those needs the district employs a registered nurse to assist with the care, but is available on a very limited basis to provide assistance at the school. Because of the limited nursing services available, Delegated Care Aides will be provided as per section 20 of Public Act 096-1485. Delegated Care Aides will be trained to provide care based on the student's diabetes medical management plan. The Delegated Care Aides will be trained to do the following: check blood glucose and record results, according to the child's diabetes care plan recognized and respond to symptoms of hyperglycemia and hypoglycemia, estimate the number of carbohydrates in a snack or lunch and administer insulin according to the student's diabetes medical management plan and keep a record of the amount administered, respond in an emergency, including administration of glucagon and calling 911.

**In accordance with Public Act 096-1485 the Delegated Care Aide may administer diabetes care and management only if authorized by the student's parent/guardian.**

**Please check the appropriate box below to indicate your election whether to allow a Delegated Care Aide to provide services to your child under the child's diabetes medical management plan.**

**YES** Agreement for services: I authorize a Delegated Care Aide to Provide diabetes management and care to my child at school. I Understand that the school district, Delegated Care Aides/School Employees are not liable for civil damages as a result of conduct, Other than willful or wanton, related to the care of my child with Diabetes Civil Immunity is based on section 45 of Public Act 096-1485 of the Care of Students with Diabetes Act.

**NO I DO NOT** authorize a Delegated Care Aide to provide diabetes management and care to my child at school. I understand that in the event the Nurse is not available, I the parent/guardian will be responsible for the administration of diabetes care to my child and 911 will be called in the case of medical emergency.

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**