BLOOD GLUCOSE TESTING CONSENT/VERIFICATION CHILD CARE FACILITIES

This form may be used to show compliance with Health and Safety Code Section 1596.797 before a child care licensee or staff person performs blood glucose testing on a child in care diagnosed with diabetes. A copy of the completed form should be filled in the child's record and in the personnel file. A separate form must be filled out for each person who performs blood glucose testing on the child.

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Ι,	, give my consent for, (PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)
who	work(s) at
to p	perform blood glucose testing on my child,, and to contact my child's health exprovider.
	addition, I certify that I have personally instructed the above-named licensee or staff person on how to perform blood cose testing on my child.
worl	ve also provided the child care facility with written instructions from my child's physician, or from a health care provider king under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered se). These instructions include:
•	The blood glucose test must be approved by the Federal Food and Drug Administration.
•	Specific written directions for performing blood glucose testing in accordance with the physician's prescription.
•	Potential side effects and expected response.
•	Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
•	Instructions for proper storage of the medication.
•	The telephone number and address of the child's physician.
SIGNIAT	TURE OF AUTHORIZED REPRESENTATIVE DATE
ADDRE	SS OF AUTHORIZED REPRESENTATIVE
HOME	TELEPHONE NUMBER WORK TELEPHONE NUMBER