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WALLENPAUPACK AREA SCHOOL DISTRICT

Michael R. Silsby
Superintendent

Keith Gunuskey
Assistant Superintendent

Kerriann Horan
Business Administrator

Jennie Hildebrand
Board Secretary

Date: _____

My child, _____, has been instructed in the proper use of their insulin pump. We, _____(physician) and _____ (parent), request that _____(student) be permitted to carry their blood glucose testing and insulin pump supplies on his/her person or kept in a secure location. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. The student also understands the importance of reporting to the health office if their blood glucose is below _____ or above _____ at school. Not properly reporting levels to the nurse or inappropriately disposing of lancets will result in loss of the privilege to carry the medication and supplies. Medication orders will continue to be kept in the health office and the family is responsible to ensure that all updated orders are given to the nurse. We, the undersigned absolve the school of any responsibility in safeguarding our child's glucose monitoring and insulin administration.

Additional Orders:

Physician

Parent or Guardian

School Nurse

Principal