



Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 460.467.1186

Date: _____

Student: _____ Grade _____

The above student will be going on a field trip to _____
on _____. Due to the student's diabetes needs and the
parents/caretaker's inability to accompany the student on the trip, appropriate arrangements regarding
diabetes care will need to be made.

The school requests written permission to be able to provide diabetes care to your child while he/she
attends the trip. Care will be provided by school staff and
_____.

I, _____, hereby give permission for my child to be given
diabetes care and treatment by the above named person/persons and school staff present on the
trip. I consent to the release of information contained in the Diabetes Medical Management Plan
to all staff members and other adults who have custodial care of my child, and who may need to
know this information in order to maintain my child's health and safety. I give the staff members and
the other person/persons listed above, permission to carry out diabetes care tasks as outlined by my
student's Diabetes Medical Management Plan.

Parent Signature _____ Date _____