

Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools

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Florida Department of Health



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Governor**

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Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools

Purpose and Background

The purpose of this document is to provide guidelines for school nurses and other personnel from the county health departments and local school districts to help ensure that students with diabetes are provided a safe learning environment and are integrated into school activities. Guidelines do not represent a mandate to school districts but establish best practices.

This document is designed to provide basic information about diabetes, describe the medical and legal requirements for meeting the needs of students in school, and provide guidelines for determining when delegation to unlicensed assistive personnel is safe and in the best interest of the child. These guidelines will also assist the nurse in developing the plan of care in cooperation with the parent/guardian, student and designated care providers in the school. To ensure the safety of the students, advanced planning and preparation are required to safely identify and train individuals in the schools who are ready to provide all the special services these children may need. These guidelines do not negate the need for calling 911 in accordance with local policies when the student's condition is life threatening or when immediate access to licensed school health individuals is not possible.

These guidelines represent the outcome of many meetings, current literature review, and the collection of documents from local school districts, county health departments and other states. They do not represent the specific opinion of any individual or any institution. The guidelines are not intended to replace clinical judgment or individualized consultation with medical care providers, nor are they intended to be used as fixed protocols. They are designed to identify best practices for the management of the students with diabetes while they are under the care and supervision of the school.

“Guidelines describe a process of patient care management which has the potential for improving the quality of clinical and consumer decision making. Guidelines address the care of specific patients and populations. Position statements and other publications of the National Association of School Nurses, the American School Health Association, the American Public Health Association’s Public Health Nursing Section, the National Association of State School Nurse Consultants, the American Nurses’ Association and others, when specific to aspects of school nursing practice, may be regarded as guidelines” (National Association of School Nurses [NASN], 2001).

“While standards are intended to be rigid and mandatory—making exceptions rare and difficult to justify—guidelines are more flexible, although they should be followed in most cases. Guidelines can be tailored to fit individual needs that are influenced by the patient [student], setting, resources and other factors” (State of Florida Agency for Health Care Administration [AHCA], 2001).

The Florida School Health Services Act, s. 381.0056 F.S. (Florida Statutes), authorizes the Florida Department of Health, in cooperation with the Florida Department of Education, to supervise the administration of the school health services program in Florida. School health services “should be carried out to appraise, protect and promote the health of students. School Health Services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health” (s. 381.0056 (1), F.S.). Health services are made available to students and provided by a school health care team led, in most instances, by a registered nurse. The registered nurse is responsible for the onsite management of illness or injury pending the student’s return to the classroom or release to parent, guardian, designated friend or designated health care provider. The school nurse is responsible for the development of the student’s individualized health care plan. (See Appendix A for definitions of school nurse and individualized health care plan as used in this document.) Although the School Health Services Act addresses the need to plan for and respond to any health care problem that needs to be addressed in the school setting, these guidelines were developed specifically to address the management of students with diabetes.

According to the American Diabetes Association (2001), appropriate diabetes care in the school is necessary for the student’s long-term well being and optimal academic performance. Even mild low blood glucose levels can lead to immediate consequences in the classroom such as a decrease in cognition, lack of attention to detail and difficulty with decision making. Extremely low blood glucose levels can cause unconsciousness or even death. High blood glucose levels can contribute to long-term complications such as damage to the eyes, kidneys, nerves and blood vessels.

While school enrollments and the need for health services in the schools are steadily growing, the supply of school nurses remains static or in some cases, is diminishing. During the 2001-2002 school year, the county health departments and local school districts reported that the average registered school nurse-to-student ratio was 1 to 2,663. This disproportionate ratio prevents school nurses from providing individual attention to all students. To meet the special needs of the students with diabetes, unlicensed assistive personnel (UAP) must be involved. (For the purpose of this document, the terms “unlicensed assistive personnel” and “non-medical assistive personnel” are considered synonymous. See Appendix A for definitions.) It is imperative that these unlicensed assistive personnel have both general and student-specific training in accordance with s. 1006.062 F.S., Administration of medication and provision of medical services by district school board personnel.

In addition to school nurses and school health aides, all other school-based personnel should have an understanding of diabetes to facilitate the appropriate care of the student with diabetes. The National Association of School Nurses states, “Knowledgeable personnel must be available at all times including during extracurricular activities and field trips to assist students in managing their diabetes and to respond to emergencies” (2001). NASN further states, “Under the direction of the school nurse, management strategies may be incorporated in a seamless fashion between home and

classroom to help the student with diabetes stay healthy, be academically focused and participate in all desired academic and extra curricular activities.”

Diabetes

Diabetes is one of the most common chronic diseases of childhood, with a prevalence of approximately 1.7 per 1,000 in children less than 20 years old (American Diabetes Association, 2001). In a survey by the Florida Department of Health School Health Program in March of 2002, county health departments and local school districts reported a prevalence of 1.4 per 1,000 students with diabetes in Florida's public schools.

According to the American Diabetes Association (2001), diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy. There are two major types of diabetes:

- Type 1 diabetes is more commonly diagnosed in children than in adults. In this form, the body has no ability to produce insulin, and the blood glucose is controlled with the administration of insulin, along with blood glucose monitoring, exercise, and food intake. Failure to maintain control of blood glucose levels may result in coma if levels are too high, or unconsciousness and even death if levels are too low for too long.
- Type 2 diabetes is a metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It was generally thought of as adult diabetes; however, it is becoming increasingly prevalent in school children, most likely due to increases in childhood obesity. Children with type 2 diabetes need observation and care, but are not as prone to dramatic swings between high and low blood sugars as children with type 1 diabetes.

There is no cure for diabetes but good health care and self-management, as outlined in the Diabetes Medical Practice Guidelines (AHCA, 2001), can greatly improve the health outcome for children with diabetes. Achieving good blood glucose control usually requires frequent blood glucose monitoring, regular physical activity, and nutrition therapy and may require multiple doses of insulin per day or insulin administered with an infusion pump (American Diabetes Association, 2001). Good blood glucose control has the potential to prevent or delay the development of serious diabetes complications (Diabetes and Complications Trial Research Group, 1993, and Turner, 1999).

The medical treatment plan is directed at managing diabetes by balancing exercise, nutrition and insulin and/or oral diabetic medications. Students who can control their diabetes by maintaining normal or close to normal blood sugar levels lower their risk of complications and enjoy a better quality of life. The individualized health care plan, written by the school nurse, should outline student-specific signs and symptoms of hypo- and hyperglycemia (low and high blood glucose levels) and guidelines for carrying out the medical treatment plan in the school setting. (See Appendix D for general information on hypoglycemia and hyperglycemia.)

Major Factors in Maintaining Health

Maintaining health for the student with diabetes requires a careful balance of a variety of factors. Some of these include exercise and sports, diet, medication management, and blood glucose monitoring. All of these factors should be considered in preparing the student's individualized health care plan and in planning for the least restrictive environment.

Exercise and Sports

Participation in physical activity and school sports helps all students, including students with diabetes, feel healthier, improves self-esteem, and fosters a sense of empowerment. The benefits of physical activity include cardiovascular fitness, long-term weight control, and social interaction. In addition, physical activity can help lower blood glucose levels. General physical activity guidelines include:

- Drinking lots of sugar-free fluids, especially water.
- Keeping rapid-acting carbohydrate sources available.
- Monitoring blood glucose levels before, during, and after physical activity, as ordered by the health care provider.
- Wearing diabetes identification tag or jewelry.
- Monitoring low blood glucose levels carefully and reporting any problems to an adult immediately.
- Addressing low blood glucose levels promptly.

The school nurse should list any specific exercise or physical activity requirements or restriction in the student's individualized health care plan as indicated in the medical plan of care. (See Appendix C for general information on exercise and sports.)

Nutrition and Meal Planning

Meal planning is an important component in the treatment of diabetes. The dietary considerations require an adequate caloric and nutritional intake for growth and development and a balance of food with insulin and activity. The health care provider or a registered dietitian experienced in nutrition therapy for children with diabetes should develop the student's meal plan. The meal plan should reflect consideration of the developmental needs of the student as well as food preferences, cultural influences and family eating patterns.

Meals and snacks should be timed appropriately to coincide with the peak effects of the student's insulin unless the student has advanced to a more intensive treatment program. Such programs include insulin pump therapy and multiple daily injections (basal/bolus therapy). These intensive programs enable a student to eat on a more flexible schedule, as the student "covers" the actual carbohydrate intake at the time it is eaten with rapid or short-acting insulin. These students can vary the amount of carbohydrates eaten from day-to-day and/or the times at which they are eaten. However, to determine the insulin needed to cover the carbohydrate intake (see

Appendixes B and E), the student must independently, or with assistance, determine the correct dose by a mathematical formula. (See Appendix E for sample calculations for determining the bolus dose.) These students may not need to have snacks routinely because the careful control will eliminate the insulin peaks between meals.

Students with diabetes may participate in school meal programs and school parties. Families can review the published school menu ahead of time and plan, with their children, to make the best choices or any modifications necessary to meet their health care providers' plans of care. School meal programs should support all students, including those with type 1 and type 2 diabetes, in achieving and maintaining a healthy body weight by providing appropriate food choices, including appealing low-fat items. Parents may also provide meals from home and attach the carbohydrate content to assist school nurses and unlicensed assistive personnel in the calculation for proper insulin coverage. The school nurse should list any specific nutritional requirements or restrictions as well as the timing of meals and snacks in the student's individualized health care plan. (See Appendix B for general information on nutrition and snacks.)

Insulin

Insulin administration is the third important component in diabetes management. The health care provider will prescribe the type and dose of insulin as well as the method of delivery specific to the needs of the student. The health care provider will also prescribe any treatments or medications to be administered to correct blood glucose levels that are too high or too low.

The school nurse should list any specific insulin or other diabetic medication requirements as well as emergency medications in the student's individualized health care plan. (See Appendix E for general information relating to insulin.)

Oral Diabetes Medications

In cases of type 2 diabetes, the student's medical management will include meal planning, exercise and weight management. However, some students with type 2 diabetes require oral medications, also called "oral agents," and/or insulin to control their blood glucose levels.

There are three classes of these medications: insulin secretion stimulators (secretagogues), insulin sensitizers, and starch-blockers. Usually, the student would take these medications before breakfast and/or dinner. However, in the case of the insulin secretion stimulators, the student may also need to take a dose before lunch. Because this class of drugs stimulates the release of insulin, it is possible for the student to have hypoglycemic (low blood sugar) episodes. The medication policies for local school districts should reflect the same caution for administering oral diabetic medications as they do for administering insulin.

Glucagon

Glucagon is often prescribed as an emergency response for hypoglycemia when the student has lost consciousness, is unable to take liquid or food by mouth or has had a seizure. It is a hormone that helps the liver release sugar, thus increasing the level of sugar in the blood. Since untreated severe hypoglycemia can lead to permanent brain damage or even death, the need for glucagon is considered a medical emergency. (See Appendix D for Recommendations of the Governor's Diabetic Advisory Council: Glucagon as an Emergency Treatment for Reversing Hypoglycemia in Children and Young Adults in the School Setting.) If the student's medical care provider prescribes glucagon, the school nurse will include that information in the individualized health care plan and provide training for two or more unlicensed assistive personnel to administer this medication. Authority to allow unlicensed assistive personnel to administer emergency injectable medication is provided in s. 1006.062 (4)(d) F.S.

Blood Glucose Monitoring

Physicians generally recommend that students check their blood glucose during the school day, usually before eating snacks or lunch, before physical activity, or when there are symptoms of high blood glucose or low blood glucose. Although school nurses support that the best-equipped and safest site for blood glucose monitoring and insulin administration is the school health room, students may be allowed to check their blood glucose levels and respond to the results in the classroom, at other campus locations, during any school activities, and during field trips. Taking immediate action is important so that the symptoms do not get any worse and the student does not miss classroom time. The experience is less stigmatizing and blood glucose monitoring loses its mystery when handled as a regular occurrence.

If the student requires assistance to monitor blood glucose, privacy may be a concern until the student is skilled in performing the task independently. Assistance or supervision with this procedure will be necessary until the health care provider and the school nurse determine the student is ready to monitor independently within the school setting and whenever a low blood glucose level is suspected. The school nurse will document the need for assistance and/or supervision of blood glucose monitoring in the student's individualized health care plan and can delegate unlicensed assistive personnel to assist with or perform blood glucose monitoring for a student as long as child-specific training has been provided by the school nurse or other medically licensed persons in accordance with s. 1006.062(4)(c) F.S.

In the event of hypoglycemia, blood glucose testing should occur at the scene of the hypoglycemic episode in order to:

- Guide prompt and appropriate treatment
- Prevent further lowering of blood glucose and possible injury by requiring the student to move to another location

A secure location to store the necessary supplies must also be identified and provided. The school nurse should list any specific information on when, where, and how blood glucose monitoring is performed in the student's individualized health care plan.

Because there are numerous brands of monitors available, each with specific features, it is recommended that directions for using a particular monitor be copied and attached to the care plan.

Legal Aspects to Consider

The Nurse Practice Act, Chapter 464 F.S., regulates the practice of nurses in Florida. In section 464.003(3)(a) the “practice of professional nursing” is defined as “the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and the performance of any of the above acts.”

Further clarification of the nurse’s role in delegation and supervision is provided in Chapter 64B9-14.001-.003, Florida Administrative Code (F.A.C.). This rule describes the Delegation of Tasks or Activities (64B9-14.002 F.A.C.), and the Delegation of Tasks Prohibited (64B9-14.003 F.A.C.). The Florida law governing administration of medication and provision of medical services in the school setting is s. 1006.062 F.S.

Federal laws that may apply to children with diabetes include the Rehabilitation Act of 1973, Section 504; Title II of the Americans with Disabilities Act (ADA) of 1990; the Individuals with Disabilities Education Act (IDEA) of 1990, amended 1997; and federal regulation 34 C.F.R. 300.7 (9)(i), Child with a Disability. Copies of these Federal laws and regulations can be obtained at the following Internet sites:

- Section 504 of Rehabilitation Act of 1973
<http://www.ed.gov/ocr/disability.html>
- Title II of Americans with Disabilities Act of 1990
www.ed.gov/ocr/disability.html
- Individuals With Disabilities Education Act
<http://www.ideapractices.org/law/index.php>
- 34 C.F.R., Part 300.7 Child with a disability
<http://www.ideapractices.org/law/regulations/searchregs/300subpartA/Asec300.7.php>

Using an evaluation process, the school district determines whether the student with diabetes is covered by Section 504, ADA, or IDEA. If it is determined that the student is covered under Section 504, the school district develops a “Section 504 Plan” to document the related aids and services the school district will provide. If it is determined that the student is covered under IDEA, the school district documents the related aids and services needed in the student’s individualized education plan. The individualized health care plan developed by the school nurse should be attached to either plan to clearly document the health care services the student needs and should receive.

Criteria for Safe Delegation

The safety of the student is the primary consideration in the delivery of all health related services provided in the school. In view of the newly mandated training for all health care providers regarding preventing medical errors and the reported high incidence of medication errors even among licensed health care workers, Florida Department of Health School Health Program recommends that special care needs to be taken when delegating diabetes related services to unlicensed assistive personnel. The school nurse is responsible for training and monitoring the individual designated to perform these services (s.1006.062 F.S.).

Unsafe Delegation

In keeping with the Nurse Practice Act (Chapter 464 F.S.), the delegation rule (64B9-14 F.A.C.), and position statements from the National Association of School Nurses, delegating diabetes-related tasks to unlicensed assistive personnel in the following circumstances would be considered unsafe, and should not be done:

- When students are newly diagnosed and the individualized health care plan has not been written or approved.
- When the student is medically fragile with health complications or multiple health problems that require nursing assessments before performing any authorized task.
- When the student has a history of non-compliance with treatment plans or following local guidelines and safety precautions therefore making standing orders subject to frequent changes pending nursing assessments.
- When the student who has been authorized to function independently by the health care provider cannot consistently demonstrate competence in diabetes related tasks in the school setting. These students must be referred back to the health care provider for further evaluation and training before delegating their care to an unlicensed assistive person.
- When the unlicensed assistive person has not been trained or has not demonstrated competence in the assigned activity/task.

Safe Delegation

The school nurse should use professional judgment and consider the following criteria to determine when and to whom to delegate diabetes-related health care services. For the student who needs assistance with some or all of the diabetes related services:

- An individualized health care plan written by the school nurse and approved by the parent/guardian should be in place. A copy of the individualized health care plan should be sent to the health care provider.
- The school nurse has received specific written orders related to sliding scale dose administration of insulin from the health care provider in charge of the medical management. The school nurse should request that, whenever possible, the prescribed method of insulin administration be by pump or pen to limit the potential for medication errors related to drawing up insulin into a syringe.

- The school nurse has arranged to be available for supervision, monitoring and consultation in an emergency.
- The delegated unlicensed assistive person has completed an initial in-depth diabetes-related training and is willing to participate in ongoing related training as well as student-specific training.
- The delegated unlicensed assistive person has demonstrated competence in blood glucose monitoring and insulin administration.
- The delegated unlicensed assistive person has demonstrated competence in recognizing the signs and symptoms of hypoglycemia or hyperglycemia and in responding with the student-specific interventions, including, if necessary, glucagon injections.
- The delegated unlicensed assistive person has demonstrated competence in carbohydrate counting and insulin dose calculation based on anticipated carbohydrate intake if required by student-specific intensive management medical treatment plans.
- The delegated unlicensed assistive person has a history of only providing services that are within the range of knowledge, skills, and abilities for the position.
- The delegated unlicensed assistive person is certified in cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).

When any parent/guardian selects an outside provider, such as a relative or friend, it is recommended that the outside provider should also meet the requirements listed above if delivering services to a specific student while the student is in the care of the school; however, the parent/guardian retains the responsibility for the performance of the outside provider.

- The parent/guardians have provided the school and/or school nurse with the necessary equipment and supplies to monitor blood glucose and administer insulin or other diabetes medication, as well as any snacks or medications to be used to regulate blood glucose levels.
- The parent/guardians have provided the school and/or school nurse with the required diabetes history information, authorization forms and emergency information specific to the needs of the student.
- The parent/guardians have participated in a minimum of one yearly planning/evaluation meeting with the school nurse and school staff, and have contributed to and approved the individualized health care plan.
- The parent/guardians have agreed to notify the school and/or school nurse promptly when there are changes in the student's medical condition or plan of care and provide a revised medical authorization sheet.

