



## 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 \_\_\_\_\_