

This Diabetes Medical Management Plan has been approved by:

Participant's Physician/Health Care Provider

Date

I give permission to YMCA staff trained in diabetes management to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this 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 to maintain my child's health and safety.

Acknowledged and received by:

Participant's Parent/Guardian

Date

Participant's Parent/Guardian

Date

Signature of Health Care Provider