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I, \_\_\_\_\_, have been trained by  
\_\_\_\_\_ to provide blood glucose  
(Physician, Physician's Assistant, or Nurse)

and diabetes management to \_\_\_\_\_  
(Child's Name)

an insulin-dependent diabetic child enrolled at Mason Place Too.

Signature: \_\_\_\_\_  
(TT Employee)

Date of Training: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent(s)/Guardian(s))

## **Acknowledgment of Receipt of Policy for Blood Glucose and Diabetes Management**

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I acknowledge that I have received a copy of Mason's Place Too's Policy for Blood Glucose and Diabetes Management.

Signature: \_\_\_\_\_  
Parent(s)/Guardian(s)

Date: \_\_\_\_\_