# NOTICE OF FORM CHANGE NO. 05-137

**DATE:**
10/13/2005

**TO:**
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**
Forms Management Unit  
(916) 657-1907

- Community Care Licensing District Offices  
- Private and Public Adoption Agencies  
- District Attorney  
- Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

**FORM NUMBER AND TITLE:** LIC 9222 - Blood Glucose Testing Consent/Verification Child Care Facilities

<table>
<thead>
<tr>
<th>ORDER UNIT</th>
<th>FREE</th>
<th>SOLD</th>
<th>ESTIMATED PRICE</th>
<th>INITIAL SUPPLY SENT</th>
<th>REQUIRED FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>EACH</td>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☑ Yes ☐ No</td>
<td>☑ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form</td>
</tr>
<tr>
<td>New</td>
<td>☑</td>
<td>☐</td>
<td></td>
<td>☑ 9/05</td>
<td>☑ Other:</td>
</tr>
</tbody>
</table>

**UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:**
Department of Social Services Warehouse  
P.O. Box 980788  
West Sacramento, CA 95798-0788

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

- **DISPOSITION OF OLD SUPPLY**
  - Use until exhausted  
  - Destroy

- **USE NEW FORM**
  - When supply available in DSS Warehouse  
  - Use new form effective 9/05

**USE FORM IN ACCORDANCE WITH**
- All County Letter No.  
- Other (specify)

**ADDITIONAL INFORMATION REGARDING FORM CHANGE**

- Attached is a Reproducible Copy
- This form is now on the internet.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.
This form may be used to show compliance with Health and Safety Code Section 1596.797 before a child care licensee or staff person performs blood glucose testing on a child in care diagnosed with diabetes. A copy of the completed form should be filed in the child’s record and in the personnel file. **A separate form must be filled out for each person who performs blood glucose testing on the child.**

I,_________________________________________, give my consent for_______________________________________, who work(s) at ____________________________________________________________________________________,

who work(s) at _____________________________________________________________

I have also provided the child care facility with written instructions from my child’s physician, or from a health care provider working under the supervision of my child’s physician (for example, a physician’s assistant, nurse practitioner or registered nurse). These instructions include:

- The blood glucose test must be approved by the Federal Food and Drug Administration.
- Specific written directions for performing blood glucose testing in accordance with the physician’s prescription.
- Potential side effects and expected response.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician’s prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child’s physician.

**BLOOD GLUCOSE TESTING CONSENT/VERIFICATION**

**CHILD CARE FACILITIES**

SIGNATURE OF AUTHORIZED REPRESENTATIVE                   DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER                      WORK TELEPHONE NUMBER

LIC 9222 (9/05)