

COMMUNICATION AGREEMENT

I _____ **PROMISE TO:**
STUDENT'S NAME

- ☐ WEAR A MEDICAL ALERT ID
- ☐ FIND SUPPORT ON MY CAMPUS
- ☐ REGISTER WITH DISABILITY SERVICES
- ☐ KEEP LOW SUPPLIES ON HAND, ALWAYS
- ☐ COMMUNICATE IN AN EMERGENCY
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

STUDENT'S SIGNATURE + DATE

I/WE _____ **PROMISE TO:**
CAREGIVERS' NAMES

- ☐ NOT TO ASK ABOUT ONLY YOUR BLOOD SUGAR
- ☐ LET YOU TELL PEOPLE ABOUT DIABETES
- ☐ YOURSELF IN YOUR OWN WAY AND TIME.
- ☐ SEND YOU CARE PACKAGES!
- ☐ HELP PAY FOR / SEND SUPPLIES
- ☐ HELP WITH ANY INSURANCE ISSUES
- ☐ NOT OVERREACT OR BE MAD WHEN YOU
- ☐ TELL ME THE TRUTH.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

CAREGIVERS' SIGNATURES + DATE

ADD YOUR OWN!

THINGS TO CONSIDER:

WHEN AND HOW OFTEN WILL YOU CHECK IN?
HOW OFTEN WILL YOU DISCUSS BLOOD SUGAR?
WHAT CAN BE SAID?
WHO CAN BRING IT UP?