



## Keller ISD Health Services

### Parental Consent for Insulin to Carb Ratio Change

I, \_\_\_\_\_ am changing \_\_\_\_\_'s  
(Parent's name) (Student Name)

Insulin to Carb ratio to \_\_\_\_\_ units of Insulin to \_\_\_\_\_ grams of carbohydrates on

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### Parental Consent for Insulin to Carb Ratio Change

I, \_\_\_\_\_ am changing \_\_\_\_\_'s  
(Parent's name) (Student Name)

Insulin to Carb ratio to \_\_\_\_\_ units of Insulin to \_\_\_\_\_ grams of carbohydrates on

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### Parental Consent for Insulin to Carb Ratio Change

I, \_\_\_\_\_ am changing \_\_\_\_\_'s  
(Parent's name) (Student Name)

Insulin to Carb ratio to \_\_\_\_\_ units of Insulin to \_\_\_\_\_ grams of carbohydrates on

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)