

Keller ISD Health Services

Parental Consent for Insulin to Carb Ratio Change

I,	am changing		
(Parent's name)		(Student Name)	
Insulin to Carb ratio to u	nits of Insulin to	grams of carbohydrates on	
Date	·		
(Parent Signature)		(Date)	
Parenta	al Consent for Insul	lin to Carb Ratio Change	
I,	am changi	ing	's
(Parent's name)		(Student Name)	
Insulin to Carb ratio to u	nits of Insulin to	grams of carbohydrates on	
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