

**FreeStyle Libre® 2+ contract/agreement for children and young people
(18 years and under).**

Name:		DOB:	
NHS No:		Serial No:	
Sensor Type:	FreeStyle Libre® 2+	Training provided by:	
Monitor Type:	FreeStyle Libre® 2 reader / FreeStyle Libre Link app (delete as appropriate)	Training Venue:	
Training Date:		Date GP commenced FreeStyle Libre® 2+:	
Date Commenced FreeStyle Libre® 2+:			

- I..... (PATIENT/PARENT/GUARDIAN), have undertaken comprehensive training on the use of continuous glucose monitoring using a FreeStyle Libre® 2+® sensor and monitor/app).
- I am fully aware of the motivation and commitment required to gain maximum benefit from the blood measurements each day.
- I understand that I/my child will be supplied FreeStyle Libre® 2+ sensors by the specialist team for at least three months before my/my child's GP is asked to take over prescribing.
- I am willing to work with my children and young people's diabetes team with regards to the aforementioned criteria that will be reviewed in clinic, and I will contribute by regularly downloading the FreeStyle Libre® 2+ and handset information for the team to review in- between clinics.
- I understand that I/we must attend any education sessions planned with the team on a yearly basis, and that I/we must attend my appointments to gain maximum benefit from my/my child's FreeStyle Libre® 2+ device. I agree to attend these yearly sessions to keep up to date with my/my child's FreeStyle Libre® 2+ and its updates and education.
- I understand that I/we must scan glucose levels at least eight times a day, if using the libre 2 reader .
- I/we will be supplied two sensors every **30 days**.
- I agree that I/we must also attend any reviews specified by the GP Practice.

Signature (patient/parent/guardian) Date.....

Signature (GP) Date.....