

**FreeStyle Libre® 2 contract/agreement for children and young people.**

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

- I..... (PATIENT/PARENT/GUARDIAN), have undertaken comprehensive training on the use of flash 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® 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, over 70% of the time. I/we will be supplied two sensors every 28 days.
- I agree that I/we must also attend any reviews specified by the GP Practice.

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

Signature (GP) ..... Date.....