

# Owatonna Public Schools

## Health Service Office

### LETTER TO YOUR TEACHER

Date \_\_\_\_\_

Dear \_\_\_\_\_,

My name is \_\_\_\_\_ and I have diabetes. Usually my diabetes is under good control, but sometimes my blood glucose may get too high or too low. The following information will help you understand how you can help me, especially if my blood glucose becomes too low.

First of all, having diabetes does not mean I should be treated differently from my classmates. I have been thoroughly instructed in diabetes management and, by balancing my insulin, food, and exercise, I can participate in almost any sport or activity I choose.

Diabetes is a disease in which my pancreas does not make insulin. Without insulin, my blood glucose rises, so I take insulin injections to keep my blood glucose in a more normal range. Blood glucose comes from the breakdown of foods. I test my blood glucose often so I can adjust my insulin. My blood glucose is higher right after a meal. I take insulin before breakfast and before my evening meal. I may need to take insulin before my school lunch.

Exercise usually lowers my blood glucose, so my best time for physical education class or recess may be the first thing in the morning or right after lunch. If I know I will be more active, I may decrease my insulin. If I have already taken my insulin, I will eat more so I have enough glucose to balance the lower blood glucose caused by exercise.

A low blood glucose reaction or insulin reaction may happen if I take too much insulin, exercise more than normal, or do not eat enough or on time.

The symptoms come on quickly, but I usually know when my blood glucose is low. I will take a sugar-containing food, such as juice or glucose tablets, to raise my glucose level quickly. I need to carry something containing sugar and be allowed to eat something if I think I need to.

However, I may not always be aware of an insulin reaction. If you see any of the following signs, give me something to eat that contains sugar. Some common symptoms are: (I will circle the symptoms that occur when I have an insulin reaction)

sleepiness                      paleness                      sweating                      shakiness                      nervousness

change in mood                      confusion                      irritability                      glassy stare                      dizziness

headache                      weakness                      sluggishness                      slurred speech

inability to think clearly

Please give me **one** of the following if I have an insulin reaction: **I will circle those items that I usually have with me to treat an insulin reaction.**

juice (one half cup)

soft drink, not diet (one half cup)

candy such as five to six

glucose tablet (one)

LifeSavers or jelly beans

Sugar (two packets or large cubes)

glucose gel (one third of a bottle of Glucose)

The symptoms will go away quickly with prompt treatment. If I do not seem much better, take me to the school health service office or office and call my parents. **To prevent insulin reactions, I need to get to my meals and snacks on time.**

High blood glucose may be caused by not enough insulin, too much food, too little exercise, or infections. Since the signs and symptoms of high blood glucose develop over hours or days, you will not have to be concerned with them. The symptoms of high blood glucose are thirst, frequent urination, and fatigue. To manage high blood glucose levels, I will be testing my blood glucose often and changing my dose of insulin to reach a more normal glucose level.

**I can take part in school parties and activities.** I can decide whether to eat the treats available or I may choose to bring something from home. I cannot eat sugar-containing treats such as candy, frosted cookies or cakes. Healthy snacks for me include fruit, popcorn, crackers or pretzels.

If I need to stay after school for detention or for any other reason, allow me to get and eat my after school snack. This is necessary, without my snack, I could have an insulin reaction.

Please be sure that any substitute teachers are aware of my diabetes and how to help me if I need it.

If you have any questions or concerns, please use the phone numbers listed below:

Parents(s) Name(s):

Home Phone Number(s):

Work Phone Number(s):

Alternate person to call in an emergency:

Name:

Relationship:

Phone Number(s):

Sincerely,

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