

Post Falls School District #273
School Nursing Services
206 W. Mullan Ave, Post Falls ID 83854
PO Box 40, Post Falls, ID 83877
(208) 773-6976



Diabetes Information

Dear Parent/Guardian:

If your child has diabetes please complete this form and return it to your child's school.

Student's Name: _____
School: _____ Grade: _____ Teacher: _____
Parent/Guardian: _____ Phone: _____
Physician's Name: _____ Phone: _____

1. When was your child diagnosed with diabetes? _____
2. Please check the following insulin delivery device: Insulin Pump Insulin pen Syringe
3. Does your child have continuous glucose monitor? (Abbott, Dexcom etc.) _____
4. Some children have predictable behavior with low or high blood sugar, please describe:

| Low blood sugar | High blood sugar |
|-----------------|------------------|
| | |
| | |
| | |
| | |
| | |

A school nurse will be contacting you to establish a detailed care plan and get doctor's orders.

5. Preferred method of contact?
 Phone or Email: _____

Parent/Guardian's signature: _____ Date: _____

Thank you,
Elizabeth Costin, BSN, RN
Post Falls School District Lead Nurse

Revised: June 2020