

KENTON COUNTY SCHOOLS
SCHOOL HEALTH SERVICES
1055 Eaton Drive
Ft. Wright, KY 41015

TO: Parent/Guardian of: _____
Date of Birth: _____
Grade: _____ at _____ School

Information provided to school indicates your student has **diabetes or a hypoglycemic (low blood sugar) condition**. It is important to annually update additional health information should your student require assistance at school. **Please complete this form and return it to the school nurse so an action plan can be developed and shared with the appropriate school personnel. It is the responsibility of parent/guardian to provide special food, equipment, and medication required for diabetes/hypoglycemic management at school.** If you have any questions, please call the nurse at your student's school.

Has a physician diagnosed your student with diabetes or hypoglycemia? ___ No ___ Yes

If yes, date of the diagnosis? _____ Is diabetes diagnosis _____ Type I _____ Type II

DIABETES IS CURRENTLY TREATED BY: Dr. _____ (phone) _____

Has your student been hospitalized in last year for diabetes/hypoglycemia? ___ No ___ Yes, if so Date _____

Has glucagon been administered to your student for a hypoglycemic episode? ___ No ___ Yes, if so Date _____

CHECK SIGNS USUALLY PRESENT IN THIS STUDENT'S HYPOGLYCEMIC REACTIONS:

___ mood changes (circle: irritability, crying, confusion, inappropriate responses) ___ headache
___ pale/moist/clammy skin ___ shaky/nervous ___ dizziness ___ blurred vision ___ numbness/tingling
___ drowsiness/fatigue ___ loss of consciousness ___ other (describe) _____

How often does the hypoglycemia occur? _____

Does hypoglycemia occur at a certain time of day? ___ No ___ Yes, if so time _____

Do blood sugar checks need to be done at school? ___ No ___ Yes, if so When?

___ before lunch ___ with symptoms ___ before gym ___ after gym
___ before recess ___ after recess ___ other (describe) _____

If testing is necessary at school, does student require assistance with blood sugar testing? ___ No ___ Yes

Do snacks need to be eaten during the school day? ___ No ___ Yes, if so when?

___ mid am ___ mid pm ___ other (when?) _____

Does your student have special needs for class parties? ___ No ___ Yes, if so describe below

Parents are responsible for communicating any special needs for class parties to the student's teacher.

Does your student have restrictions regarding physical activity (e.g. exercise limits)? ___ No ___ Yes

Is insulin administration required at school? ___ No ___ Yes, If so how is it delivered ___ syringe ___ pen ___ pump

If administering insulin at school, does student need assistance with insulin administration? ___ No ___ Yes

For diabetic care, is student _____ independent _____ needs supervision _____ totally dependent for diabetic care

ARE MEDICATIONS NEEDED TO CONTROL DIABETES/HYPOGLYCEMIA? ___ No ___ Yes (please list medications below)

MEDICATIONS	DOSAGE	To be Administered at
1.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
2.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
3.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both
4.		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both

All medication given to students at school require a ***Kenton County School District Administration of Medication Permission Form*** be completed and signed by a parent/guardian and your child's physician. This form is available in the school office, first aid room, or on the Kenton County School District's webpage under Health Services Department. Students may self carry/self administer their emergency medication ONLY if the required forms are on file in Health Services.

Does your student participate in educational opportunities that involve more than one campus, such as Project Ascent, Prep+, or the Academies ? ___No ___Yes

If Yes, what campus will they attend? _____

For emergency medication (Glucagon) to be available while attending another campus, your student must have permission to self-carry medication or an additional dose kept at the other campus. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

Please check and list any extracurricular activities outside of normal school hours, which you anticipate your child may participate in this year: (clubs, teams, councils, and sports)

Clubs, committees, drama, band, and teams (specify) _____

Sports/Intramurals (specify below)

Fall _____ Winter _____ Spring _____

For emergency medication (Glucagon) to be administered during any extracurricular activities, your student must have permission to self-carry medication. See the school nurse regarding the required documentation. Appropriate school staff will be trained in the administration of this emergency medication.

If a student has permission to self-carry emergency medication (Glucagon), Health Services recommends an additional dose of medication be kept in the nurse's office to ensure a dose is always available.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN YOUR CHILD'S MEDICAL CONDITION, MEDICATION, EXTRACURRICULAR ACTIVITIES, EMERGENCY CONTACT PERSONS, PHYSICIAN, OR CONTACT PHONE NUMBERS.

ANY CHANGES IN MEDICATION REQUIRE A NEW ADMINISTRATION OF MEDICATION FORM or an Insulin Dose Order for Nurse-Assisted Insulin Administration in Kentucky Schools Form.

EMERGENCY ACTION PLAN (EAP) FOR A STUDENT HAVING SIGNS OF LOW BLOOD SUGAR:

1. Adult will stay with student.
2. Monitor consciousness, breathing, circulation, and if ordered, do blood sugar/ketones testing.
3. For unconscious student,
 - a. Administer glucagon as prescribed.
 - b. Call **9-1-1** and notify parents at once.
 - c. Stay with the student
4. **If no medication is ordered/available for an unconscious student having a hypoglycemic episode, 9-1-1 and parent will be called.**
5. If conscious, give a simple sugar (such as ½ cup fruit juice or life savers) for signs of low blood sugar.
6. Test blood sugar 10-15 minutes after simple sugar is given to ensure student’s blood sugar is in the acceptable range.
7. Simple Sugar and blood sugar testing may be repeated times two.
8. If no improvement after third simple sugar is given, the parent will be called.

ALL DIABETIC CARE MUST TAKE PLACE IN THE SCHOOL NURSE’S OFFICE OR ANOTHER AREA DESIGNATED BY THE NURSE THAT ALLOWS FOR THE PROPER DISPOSAL OF NEEDLES, LANCETS, ETC.

If you want additional information given, or have other concerns, describe here:

The school nurse will provide information to the appropriate school personnel (teachers, coaches, etc.) to address the health needs of your student. If you don’t want this information to be shared, **additional written notification** must be provided to the school nurse.

Assessment accommodations are given based on the needs documented in the student’s IEP or 504 plan. Activity restrictions require a written authorization from your student’s doctor.

Please provide the school nurse with any additional papers that are given by your student’s healthcare provider, such as back to school packets and additional orders from Cincinnati Children’s Hospital Medical Center.

Parent Signature	Date
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Thank you for your help in addressing your student’s needs,

School Health Services
Kenton County School District