ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

PARENT/LEGAL GUARDIAN DIABETES QUESTIONNAIRE

To maximize your child's educational opportunities while maintaining optimal diabetes management requires accurate information and good communication with everyone involved - the student, parent/legal guardian, health professionals, school nurse, and other school personnel. Please fill out and return this questionnaire to your school nurse as soon as possible.

School Year: _____

Student's Name: _____ Grade: _____ D.O.B.: _____

Parent/Legal Guardian: _____ Home Phone Number: _____

Work Number: _____ Cell Phone Number: _____

Name of Health Care Provider: _____

Address and Phone Number: _____

1. Child's age at diagnosis of diabetes: _____
2. ☐ Type 1 ☐ Type 2
3. Date/result of most recent HbA1C: _____%
4. How often does your child see a physician for blood glucose evaluation? _____
5. Has your child attended Diabetes Education classes? ☐ Yes ☐ No
6. If yes, where and when: _____
7. Does your child wear a medic alert bracelet/necklace? ☐ Yes ☐ No
8. Will your child need to test his/her blood glucose at school? ☐ Yes ☐ No
9. Will your child need to test his/her urine for ketones at school? ☐ Yes ☐ No
10. Will your child need to test his/her blood for ketones at school? ☐ Yes ☐ No
11. What blood sugar level is considered low for your child? Below _____
12. How often does your child typically experience low blood sugar? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other _____
13. What blood sugar level is considered high for your child? Above _____
14. Does your child have an insulin pump? ☐ Yes ☐ No
15. If yes, name of pump: _____
16. Will your child take insulin at school? ☐ Yes ☐ No
17. If yes, identify method (i.e., pump, pen, etc.): _____
18. How often does your child experience high blood sugar? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other _____

Hypoglycemia (Low Blood Sugar)

Please check your child's usual signs/symptoms of low blood sugar:

☐ Hunger or "butterfly feeling"	☐ Irritable	☐ Difficulty with speech
☐ Shaky/trembling	☐ Weak/drowsy	☐ Difficulty with coordination
☐ Dizzy	☐ Inappropriate crying or laughing	☐ Confused/disoriented
☐ Sweaty	☐ Headache	☐ Loss of consciousness
☐ Tachycardia	☐ Impaired vision	☐ Seizure activity
☐ Skin pale/cool	☐ Anxious	☐ Other _____

19. Does your child recognize these symptoms? ☐ Yes ☐ No

Hyperglycemia (High Blood Sugar)

Please check your child's usual signs/symptoms of high blood sugar:

- ☐ Thirst/dry mouth
- ☐ Frequent urination
- ☐ Fatigue/weakness
- ☐ Dry/flushed skin
- ☐ Other _____
- ☐ Blurred vision
- ☐ Drowsiness
- ☐ Nausea/vomiting/stomach ache
- ☐ Behavior changes

20. Does your child recognize these symptoms? ☐ Yes ☐ No

Daily Routines

Daily Snacks: (Provided by parents/legal guardians)

Time(s): _____

- ☐ Kept in health office
- ☐ Kept in classroom
- ☐ Done independently
- ☐ Needs reminder
- ☐ Needs daily compliance verification

Daily Blood Test: Time(s): _____

- ☐ Performs independently
- ☐ Needs assistance (specify) _____

Normal range for blood glucose: _____ MG/DL to _____ MG/DL

Exercise: ☐ None if blood glucose test results are below _____ MG/DL

Insulin taken on a regular basis:

Brand name	Type	Units	Time of Day	Delivery Method (pen, syringe, pump)

Is your child able to administer insulin independently? ☐ Yes ☐ No ☐ Requires assistance
Does your child manage the insulin pump independently? ☐ Yes ☐ No ☐ Requires assistance
Does your child count carbs for meals/snacks? ☐ Yes ☐ No ☐ Requires assistance
Does your child interpret a sliding scale? ☐ Yes ☐ No ☐ Requires assistance
Does your child use an insulin to carbohydrate ratio? ☐ Yes ☐ No ☐ Ratio: _____
Does your child adjust the insulin dose for high or low blood sugar? ☐ Yes ☐ No ☐ Ratio: _____
Does your child measure ketones? ☐ Yes ☐ No ☐ Blood ☐ Urine

Hyperglycemia treatment at school: _____

Notify parent/legal guardian under the following conditions: _____

_____

_____

Please add any information that you would like school personnel to know about your child's diabetes:

_____

_____

_____

_____

_____ _____

Parent/Legal Guardian Signature Date

Information pertinent to student safety will be shared with appropriate school personnel.
Feel free to call the school nurse with any concerns or questions.