



Diabetes Supplemental Form  
School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Grade for this registration: \_\_\_\_\_ School \_\_\_\_\_

You have checked on school records that this student has **diabetes**.  
For students with diabetes we need new school orders for each school year. These orders can be faxed to 503-769-3668. If you have questions, you may call the district nurse at 503-769-4930.

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Student's Diabetes Health Care Provider Name: \_\_\_\_\_

Location of Diabetes Healthcare provider (OHSU, Legacy, Kaiser etc.) \_\_\_\_\_

- Type 1 Diabetes
- Type 2 Diabetes -note below diabetes management plans

For Type 1 Diabetes

Blood sugar monitoring by:

- Finger Stick as primary method
- Continuous Glucose monitor with finger stick back up
  - Dexcom
  - Freestyle Libre
  - Other \_\_\_\_\_

Insulin by:

- Injection – penlet or syringe
- Pump Brand: \_\_\_\_\_

Middle School and High School students:

Does your student plan to play sports?

- Yes
- No
- Unsure

Additional information in planning for the upcoming school year:

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Parent Signature

Date

In the event of a situation that is deemed as an emergency by school staff, 911 will be called and students transported to Santiam Memorial Hospital if deemed appropriate by emergency personnel.

**Remember to update District Nurse of changes to your child's diabetes treatment plans.  
It is also critical that all emergency contact information is updated.**