

BANGOR AREA SCHOOL DISTRICT

No. 209.2-AR-1
ADMINISTRATIVE REGULATION
Last reviewed on December 7, 2022

209.2-AR-1. Medical Statement for a Student with Diabetes

Student's Name: _____ Age: _____ Date: _____

School Name: _____ Grade Level: _____ DOB: _____

IMPORTANT: *This form must be signed by a licensed physician, physician assistant or nurse practitioner. Return it immediately to the school when completed.*

Date of Diabetes Diagnosis: _____ Physical Condition: Diabetes type 1 Diabetes type 2

Blood Glucose Monitoring

Target range for blood glucose is 70-150 70-180 Other _____

Usual times to check blood glucose _____

Times to do extra blood glucose checks (*check all that apply*)

- before exercise
- after exercise
- when student exhibits symptoms of hyperglycemia
- when student exhibits symptoms of hypoglycemia
- other (explain): _____

Can student perform own blood glucose checks? Yes No Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin

Usual Lunchtime Dose

Base dose of rapid or short-acting insulin at lunch is _____ (record brand name)

Use of other insulin at lunch (intermediate or basal) is _____ (record brand name)

Insulin Correction Doses

Should parental authorization be obtained before administering a correction dose for high blood glucose levels? Yes No

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

Can student give own injections? Yes No

Can student determine correct amount of insulin? Yes No

Can student prepare correct dose of insulin? Yes No

_____ Parents are authorized to adjust the insulin dosage under the following circumstances: _____

For Students with Insulin Pumps

Type of pump: _____ Basal rates: _____ 12 am to _____
_____ to _____
_____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills: Does the child need assistance to...

- Count carbohydrates? Yes No
- Bolus correct amount for carbohydrates consumed? Yes No
- Calculate and administer corrective bolus? Yes No
- Calculate and set basal profiles? Yes No
- Calculate and set temporary basal rate? Yes No
- Disconnect pump? Yes No
- Reconnect pump at infusion set? Yes No
- Prepare reservoir and tubing? Yes No
- Insert infusion set? Yes No
- Troubleshoot alarms and malfunctions? Yes No

For Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? Yes No

Meal/Snack Time Food content/amount

Breakfast _____

Mid-morning snack _____

Lunch _____

Mid-afternoon snack _____

Dinner _____

Should the child eat a snack after exercise? Yes No

Other times to give snacks and content/amount: _____

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Exercise and Sports

A fast-acting carbohydrate such as _____
_____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____
student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____
Treatment of hypoglycemia: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route _____, Dosage _____, site for glucagon injection: _____ arm, _____ thigh, _____ other.

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones: _____

Supplies to be Kept at School

- Blood glucose meter, blood glucose test strips, batteries for meter
- device, lancets, gloves, etc.
- Urine ketone strips
- Insulin pump and supplies
- Insulin pen, pen needles, insulin cartridges
- Fast-acting source of glucose
- Carbohydrate containing snack
- Glucagon emergency Lancet device, lancets, gloves, etc.

Additional comments or pertinent information regarding student's accommodations: _____

Physician's or Medical Authority's Signature: _____ Date: _____