

Diabetes School Information

Student Information

Name: _____ Date of Birth: _____
Date of Diagnosis: _____ Age of Diagnosis: _____ Type I Type II Other: _____
Student Resides with: Both Parents Mother Father Other: _____

Contact Information

Parent/Guardian 1: _____ Email: _____
Phone Cell: _____ Work: _____

_____ Parent/Guardian 2: Email: _____
_____ Phone Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Nurse Practitioner/Educator: _____

Phone: _____

Diabetes Management

Check Blood Glucose Level at school: Morning Lunch Afternoon Other: _____

CGM: Yes No Brand/Model: _____ Alarm: High _____ Low _____

Medication:

Pump: Brand/Model _____

Insulin: Name _____ Insulin Delivery: Inject Pen Pump

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Oral Medication: Name _____ Administered at School: Yes No

Diet

My child will: Bring lunch to school (parent provide carb count) School Lunch Other _____

My child will need a snack: Yes No If yes, when: _____

Transportation

My child will: Ride the Bus Parent Pick up/Drop off Carpool with family Ride with Friend

Signs and Symptoms

My child experiences the following with *Hypoglycemia*:

Shaky Sweating Dizziness Irritability Unable to focus/confusion Tired

Weakness

Other: _____

My child experiences the following with *Hyperglycemia*:

Headache Excessive Thirst Nausea Fatigue Excessive Urination

Other: _____

Activities

Field Trips: Is a parent/guardian available to attend field trips with your child if needed? Yes No

Physical Education: My child will need a snack prior to PE Yes No

Activities Outside of School Hours:Will your child attend before/after school for any activities? Yes No

If yes, what Activity: _____ Responsible Adult for Activity: _____

A nurse is not available outside school hours for activities. Therefore, it is the responsibility of the parent to:

- Instruct the school nurse of any before/after school activities; you may be asked to complete the Extracurricular Activity Information form to put a plan in place
- Ensure your child has the appropriate supplies for the activity

As the parent/guardian, I understand it is my responsibility to follow the guidelines above to ensure the safety of my child for before/after school activities. _____(Initials)

Parent/Guardian Signature: _____ Date: _____