



Diabetes Health History Parent Questionnaire

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact the school nurse. This information is meant to supplement the Diabetes Medical Management Plan.

Student Name: _____ Date of Birth: _____ Grade/HR: _____

History:

- When was your child diagnosed with diabetes? (at what age) _____
How would you rate your child's overall diabetic status at this time? (circle one)
Good Control Moderate Control Poor Control
How often does your child see their diabetic healthcare provider for routine care? _____
If insulin is delivered by pump, please provide the access code: _____
How often has your child had an episode of hypoglycemia where they struggled with clarity of thought and/or the ability to stay focused?
Often Occasionally Rarely Never
How will your child get to and from school? _____
Is your child involved in extracurricular activities? _____
Will you or a designee be able to accompany your student on field trips, if applicable? _____

Meals During School Hours:

- Will your child eat breakfast in the school cafeteria? _____
Will your child bring lunch from home or eat school lunch? _____
Will your child require snacks during the day? _____ Do snack carbs require insulin treatment? _____

**Please note that all snacks must be provided by parents. Any meals brought from home must include carb counts.



Parent Responsibilities & Acknowledgements Related to Management of Diabetes at School

I understand it is my responsibility to:

- Provide medical documentation and orders for treatment of diabetes and update with any changes.
Communicate directly with the school nurse, preferably by phone, parent square, email, or in person.
Communicate atypical blood glucose results at home with school nurse, as appropriate
Inform the school nurse of new equipment or other diabetic supplies, special situations, or treatment changes, and provide education of such, if needed.
Provide all necessary diabetic supplies (including glucagon, glucometer, testing strips, lancing devices and lancets, ketone strips, insulin, syringes, glucose tablets or other fast acting glucose source, snacks, and any other equipment/food/drinks deemed necessary) and replace these items upon expiration or when supply is low, per the school's notification.
Provide current working phone numbers at all times.
Collaborate with the school team to implement and evaluate the student's IHP and 504 plan (if applicable).
I understand that the nurse will not replace faulty CGM sensors or pump infusion sets. These tasks must be done by the parent or student, if applicable.
I give permission for the nurse to discuss the DMMP with other staff members who may be involved in assisting or delivering care to my child during school hours.

Regarding the use of continuous glucose monitors (CGM): I understand, acknowledge, and agree to the following:

- Neither GA Law nor LCSS policy requires LCSS staff to continuously monitor my child's CGM.
Trained school staff will review CGM readings at appropriate check times as outlined in the DMMP.
Trained staff will respond to CGM alerts appropriately, as outlined in the DMMP or physician orders.
LCSS personnel will not monitor my child's CGM data on any personal staff device.
I understand that medication containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify the school nurse when my child has received acetaminophen.
I understand that my child's CGM requires wireless internet service and that the LCSS is not responsible for any lapse in wireless internet service or any wireless "connection" issues of any kind.
I understand that I am solely responsible for the maintenance and upkeep of my child's CGM including, but not limited to, ensuring proper functioning of the CGM and that any and all software and/or program updates have been completed and that the LCSS is not responsible for any functioning issues that may occur with my child's CGM and will not use the CGM readings for any treatment if the device is not properly maintained and calibrated.
I agree to keep a glucometer and supplies at the school (or in my student's possession) to complete fingersticks in the event of CGM malfunction.

Parent Name and Signature: _____ Date: _____

Student Responsibilities and Acknowledgements Related to Management of Diabetes at School

I understand it is my responsibility to:

- Come to the clinic before lunch for blood glucose testing and insulin administration (unless authorized by provider, parent, and LCSS to provide self-care outside of the clinic).
Understand the signs and symptoms of hypo- and hyperglycemia within reason for the student's age.
When experiencing signs or symptoms of hypo- or hyperglycemia, seek help from the health clinic staff. Discuss blood glucose results in comparison with symptoms and treat blood glucose if necessary.
Eat all foods as planned after determining the amount of breakfast and/or lunch insulin dose.
Notify my parent/guardian of the need for additional diabetic supplies at school.

Student Name and Signature: _____ Date: _____