

Student Photo

STUDENT \_\_\_\_\_

GRADE/HOMEROOM \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_ bus \_\_\_\_\_ car \_\_\_\_\_ driver

**CONTACT TELEPHONE NUMBERS IN PRIORITY**

Call *Name* *Telephone Number* *Relationship*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

PRESCRIBER \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Blood Glucose Monitoring:** Location \_\_\_\_\_

Student permitted to carry meter  Yes  No

- before lunch  1-2 hours after lunch
- before snacks  when he/she feels low or ill
- after snacks  before getting on the bus  before exercise

**Snack:**  Please allow a \_\_\_\_\_ gm snack at \_\_\_\_\_  before exercise

**Treatment for Low Blood Glucose (Hypoglycemia)**

\_\_\_\_\_ Student may treat "low" with food according to schedule below  
 \_\_\_\_\_ if blood glucose is less than 70 give \_\_\_\_\_  
 \_\_\_\_\_ if blood glucose is less than 50 give \_\_\_\_\_

Retest blood glucose 15 minutes after treating "low".

**CALL PARENT WHEN BLOOD GLUCOSE IS LESS THAN \_\_\_\_\_**

Notify parent and record blood glucose value and treatment.

Snacks are provided by parent /guardian and located:

Comments:

Will glucagon be provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IF Yes,** describe the circumstances when it should be administered. \_\_\_\_\_

Amount to be administered: \_\_\_\_\_ mg(s) IM and call 911

**Treatment of High Blood Glucose (Hyperglycemia):**

\_\_\_ Provide water and access to bathroom \_\_\_ See next page for insulin instructions (if applicable)

Comments:

\_\_\_ Always call parent for dosage

\_\_\_ Check urine for Ketones when Blood Glucose is over \_\_\_\_\_ mg/dl

Call parent and/or prescriber when Blood Glucose is greater than \_\_\_\_\_ and/or Ketones are \_\_\_\_\_

My child's insulin is administered via:

\_\_\_\_\_ Vial/syringe \_\_\_\_\_ Insulin Pen \_\_\_\_\_ Insulin Pump

Can Student draw correct dose, determine correct amount, and give own injection? \_\_\_ Yes \_\_\_ No

**Please provide instructions if student requires emergency medication while using school transportation and/or special considerations and safety precautions (regarding school activities, sports, trips, etc.)**

**Student Name:** \_\_\_\_\_

**INSULIN**

Student not taking Insulin at school

Insulin is located \_\_\_\_\_

Daily lunchtime dose: \_\_\_\_\_ Type of Insulin \_\_\_\_\_  
(insulin/carb ratio or other)

Correction/Adjustment Scale: \_\_\_\_\_ Type of Insulin \_\_\_\_\_

\_\_\_\_\_ 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

Parental authorization should be obtained before administering a correction dose for high blood glucose levels (excluding lunchtime) \_\_\_\_\_ YES \_\_\_\_\_ NO

**For Students with Insulin Pumps**

Type of pump:

Type of Insulin in pump:

Insulin/Carbohydrate Ratio:

Correction Factor:

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

\_\_\_\_\_

The checklist below indicates the activities that are self-managed, those needing assistance from school personnel and those requiring parental involvement that must be performed during the school day in order for him/her to maintain glucose control.

**Management of Diabetes in School**

Activity/Skill Level	Independent Student	School Assistance	Parental Involvement
Blood Glucose Monitoring			
Insulin Dose Calculation			
Carbohydrate Counting			
Insulin Injection Administration			
Treatment for Mild Hypoglycemia			
Selection of Snacks and Meals			
Testing of Urine Ketones			
Management of Insulin Pump			

**Authorization for the Release of Information:**

I hereby give permission for \_\_\_\_\_ (school) to exchange specific, confidential medical information with \_\_\_\_\_ (Diabetes healthcare provider) on my child \_\_\_\_\_, to develop more effective ways of providing for the healthcare needs of my child at school.

Prescriber Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_