Dear Parent/Guardian: Thank you for providing this information to us to help keep your child safe and healthy at school. Your school nurse will be in contact with you if follow up information is needed. Please return all forms to your child’s school office or email them to hservices@mesd.k12.or.us

Child’s Name:       Date of Birth            Today’s Date

School:

Parent(s)/Guardian(s) name(s):

Health Care Provider:       Phone       Fax

**Current History:**

When was your child diagnosed with diabetes?

Has your child been hospitalized in the past year related to their diabetes?  yes  no

If yes, please explain why they were hospitalized:

Has glucagon ever been given to your child for severe low blood sugar?  yes  no

How will your child get to and from school:

How will low blood sugar values be treated?  juice  snack  glucose tabs

**Blood Sugar and Ketone Monitoring:**

At what times will your child’s blood sugar be checked?

As needed for signs or symptoms of lows or highs  Before snack  Before Lunch

After Lunch  Before PE  30 min before school is out

Type of Ketone monitoring:  Urine  Blood

**Self-Management Skills: Health care provider’s orders must indicate your child is able to manage their own care independently if you do not want any level of staff supervision/help for your child. Glucagon administration is never considered an independent task and school staff will be available to administer this medication in the event it is needed.**

Can your child give their own insulin injections without help?  yes  no

If using an insulin pump-can your student use their insulin pump without help? yes  no  n/a

Can your child test their blood sugar without help?  yes  no

Can your child count carbohydrates without help?  yes  no

Can your child determine their insulin dose without help?  yes  no

Can your child recognize their own signs and symptoms of high and low blood sugar?  yes  no

Can your child treat their low blood sugar without help?  yes  no

Can your child check their ketones without help?  yes  no

**Medications: All medications at school must be kept in their original containers. Prescription medications must have pharmacy labels attached.**

Insulin: Will insulin be given at school for:  Breakfast Carbohydrates  Snack/treat Carbohydrate  Lunch Carbohydrates

Is your child taking any other medications? Name(s):

**Diet:**

Breakfast provided by:  Parent/Guardian  School  Both Lunch provided by:  Parent/Guardian  School  Both

Will you be providing carbohydrate counts for meals? Breakfast  yes  no  n/a Lunch  yes  no  n/a

When should your child have a snack:  Before PE  After PE  Before Recess  After Recess

Class/School Events with Food:  Child may eat the treat  Replace with parent supplied treat