

# Diabetes Health Update

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent/Guardian:

Please provide your child's diabetes information by completing this form and returning it to the school nurse, along with your child's physician order.

## Blood Glucose Monitoring

- Will student need glucose monitoring when at school?  Yes  No
- Can student perform own blood glucose checks?  Yes  No

## Insulin

Will student need insulin when at school?  Yes  No

- Can student give own injections?  Yes  No
- Can student determine correct amount of insulin?  Yes  No
- Can student draw correct dose of insulin?  Yes  No

## Student Pump Abilities/Skills:

## Needs Assistance

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Correct bolus amount for carbohydrates consumed                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculate and administer corrective bolus                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disconnect pump  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reconnect pump at infusion set                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare reservoir and tubing                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insert infusion set  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoot alarms and malfunctions                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is student independent in carbohydrate calculations and management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has glucagon ever been administered to this student:               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Supplies

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| • Supplies for glucose monitoring will be kept     | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |
| • Supplies for insulin administration will be kept | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |
| • Extra supplies for insulin pump will be          | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |
| • Snacks will be kept                              | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |
| • Fast acting sugar source will be kept            | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |
| • Glucagon emergency kit will be kept              | <input type="checkbox"/> with student | <input type="checkbox"/> other _____ |

My child will need supervision by trained personnel for daily management of diabetes at school.

My child can perform daily management of diabetes at school without supervision. \*\*\*Complete box below

I, the parent or legal guardian of this student, give permission for him/her to perform glucose monitoring, diet selection, and self-administer insulin independently during the school day. I have instructed my child to seek assistance from school personnel as needed. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-care and self-administration of medication by my child.

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_