

# 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.

## Blood Glucose Monitoring

- Will student need glucose monitoring when at school?  Yes  No  
Times: \_\_\_\_\_
- Can student perform own blood glucose checks?  Yes  No
- Target range for blood glucose is  70-150  70-180  Other \_\_\_\_\_

## 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

Type and dosage of insulin: \_\_\_\_\_ Timing: \_\_\_\_\_

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## If student has insulin pump, please complete this section

Type of pump: \_\_\_\_\_ Basal rates \_\_\_\_\_ 12 am to \_\_:\_\_\_\_  
\_\_\_\_\_ :\_\_\_\_ to \_\_\_\_:\_\_\_\_  
\_\_\_\_\_ :\_\_\_\_ to \_\_\_\_:\_\_\_\_

Type of insulin in pump: \_\_\_\_\_ Type of infusion set \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

### 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 |

## Meals and Snacks

Is student independent in carbohydrate calculations and management?  Yes  No

	<u>Time</u>	<u>Carbohydrate servings/grams</u>
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____

Student: \_\_\_\_\_

### Exercise and Extracurricular Activities

Snack before exercise?  Yes  No

Snack after exercise?  Yes  No

Restrictions on activity, if any: \_\_\_\_\_

Please list all school sports or clubs that student participates in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Hypoglycemia

Please list fast acting sugar sources student uses for lows \_\_\_\_\_

\_\_\_\_\_

Has glucagon ever been administered to this student?  Yes  No Last date \_\_\_\_\_

### Supplies

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

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** \_\_\_\_\_