Diabetes

Student Name: _____ Grade _____

Physician Name _____ Tel _____

How long has your child had diabetes? _____

Has emergency medical treatment been needed for diabetes in the past year? ❑No ❑Yes
When? _____ What happened? _____
_____

Indicate the signs that are usually present for your child during **hypoglycemia**:

❑Irritability
❑Sweating
❑Shaking
❑Paleness
❑Hunger
❑Lack of coordination
❑Headache
❑Dizziness
❑Confusion
❑Other _____

Indicate the signs that are usually present during **hyperglycemia**:

❑Flushed skin
❑Fruity Breath
❑Lethargy
❑Thirst
❑Frequent urination
❑Nausea/Vomiting
❑Lack of concentration
❑Other _____

When does your child check blood sugar levels during the school day? _____
_____

Please list below the medications your child takes for diabetes:

Medication	Dose and Time	Taken at school [1]
		❑No ❑Yes
		❑No ❑Yes
		❑No ❑Yes
		❑No ❑Yes

If medications are to be given during school, medication permission forms signed by the physician will need to be completed yearly. Medications must be in the original labeled container.

If your child does not respond to the above treatments or medication, what action do you advise school personnel to take? _____

Does your child need any special considerations related to his/her diabetes while at school? _____
_____

Please indicate any additional information you wish the school to know: _____
_____
_____

The usual procedure followed at school for **hypoglycemia** is:
1. Provide liquid or snack with quick-sugar source
2. Wait 10-15 minutes
3. Stay with student and monitor for symptoms
4. Recheck blood sugar level
5. Repeat food if still hypoglycemic
6. If loss of consciousness: administer glucagon, position on side, call 911, start CPR if needed