

DIABETES INFORMATION SHEET

NAME _____ GRADE _____

Insulin instructions (pump/injections)

Will insulin be kept at school? _____

Diet

Snacks _____

Blood sugar checks (in the health office)

Before lunch _____

When feeling low (must be accompanied to the health office) _____

Hypoglycemia

Symptoms _____

Treatment _____

Will glucagon be kept in the health office? _____

Hyperglycemia

Symptoms _____

Treatment _____

Emergency info

1st contact _____ Phone number _____ Cell number _____

2nd contact _____ Phone number _____ Cell number _____

Other _____ Phone number _____ Cell number _____

Physician _____ Phone number _____ Hospital _____

I understand it is our responsibility to provide medications, snacks, and blood sugar testing supplies to be kept in the health office. I understand it is our responsibility to update this program of care as needed. I give the school nurse permission to share this confidential information on a professional basis with staff members having contact with my son/daughter.

Date _____ Parent signature _____