

DIABETES MELLITUS

For your student's continued health and safety, please supply the following items for the management of your student's diabetes while they are on campus.

| | | |
|---|--|---|
| Diabetes Medical Management Plan (DMMP) | Blood glucose meter / strips/ lancets/ lancing device (even if the student is using a CGM) | Insulin pen / pen needles / insulin cartridges (even if the student is using an insulin pump) |
| Fast acting carbohydrates (ex: juice boxes, glucose tablets, tubes of frosting) | Carbohydrate-free beverages (ex: water bottles) | Protein snacks (ex: peanut butter to-go packs, pepperoni sticks) |
| Ketone testing strips | Glucagon emergency medication | An emergency contact card filled out completely and signed for the consent of health services |
| Medication authorization for insulin cartridges and glucagon emergency medication | A container labeled with the student's name to store supplies | |

Student Name: _____ DOB: _____ Grade: _____

Parent / Guardian name and phone number: _____

When was the student diagnosed with Diabetes Mellitus? _____ Type 1 _____ Type 2 _____

What were the student's symptoms? _____

Does the student wear an emergency medical bracelet? _____ Yes _____ No

Has the student ever been injected with glucagon for a severe hypoglycemic reaction in the past? _____ Yes _____ No
If YES, when? _____

Has the student ever been hospitalized because of a severe hypoglycemic reaction: _____ Yes _____ No
If YES, when? _____

What symptoms does the student exhibit when having a severe hypoglycemic (LOW) reaction?

What symptoms does the student exhibit when having a severe hyperglycemic (HIGH) reaction?

Can the student recognize their symptoms? _____ Yes _____ No

Can the student perform blood glucose checks? _____ Yes _____ No

Can the student inject themselves with the insulin pen? _____ Yes _____ No

Which meal(s) will the student purchase at school? _____ Breakfast _____ Lunch

Please list any other chronic medical conditions: _____

Please list any other medications the student takes at home: _____

Please list any drug allergies: _____

Pediatrician and phone number: _____

Endocrinologist and phone number: _____

Which hospital do you prefer if your student needs to be transported by emergency services: _____

Are you or someone familiar with your child able to accompany the student on field trips in case they have a hypoglycemic reaction: _____ Yes _____ No

Please list any afterschool activities in which your student will participate during the school year:

Transportation:

| Car Rider | | Bus Rider | |
|-----------|---------|---------------|---------------|
| ____ AM | ____ PM | ____ AM bus # | ____ PM bus # |

*** A student diagnosed with diabetes shall be allowed to carry and self-administer medication, supplies and equipment while in school, participating in school-sponsored events, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization.