Type 1 Diabetes Update Form

2019 – 2020

Dear Parent/Guardian,

In order to best anticipate your child's medical needs for the upcoming school year, please take a moment to answer the following questions so that we can update your child's medical protocol accordingly. You may have your child turn this form into the school office, or you may call our District Nurse at (503) 668-8011 ext. 7802 to update your student's plan.

Student Name: ____

Date of Birth: ______________________ **School:** __________________________

At what age was your child diagnosed with this health condition? ____________.

What was your child's last A1C? ___________

What are your child's usual symptoms of hypoglycemia?

☐ Shakiness ☐ Confusion ☐ Hunger

☐ Weakness ☐ Pallor ☐ Lethargy, sleepy

☐ Poor coordination ☐ Impaired vision ☐ Irritability

☐ Sweating ☐ Behavioral changes

☐ Other ____

What are your child's usual symptoms of hyperglycemia?

☐ Headache ☐ Increased thirst ☐ Dry/flushed skin

☐ Nausea/vomiting ☐ Frequent urination ☐ Blurred vision

☐ Weakness, fatigue ☐ Behavioral changes ☐ Irritability

☐ Other ____

My child's typical blood sugar range is: ___________________________

My child uses: ☐ insulin pen ☐ insulin pump

My child will switch from insulin pen to pump this school year: ☐ Yes ☐ No

If yes, when? ____

In the last year has as your child required an emergency room visit or been hospitalized due to their diabetes? ☐ Yes ☐ No

If yes, when? _________________ Please explain: ________________________________

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During school hours, staff will need to supervise and/or assist my child performing these tasks:

☐ Blood sugar checks

☐ Carb counting

☐ Insulin administration via insulin pen/syringe

☐ Insulin administration via insulin pump

☐ Reading ketone strip results

☐ **My child is independent in their diabetes care** (must be indicated on MD orders)

Is there anything else you would like us to know? _______________________________________

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NOTE:

▶ Authorization forms must be signed by a parent or guardian before a staff member can give medication to your child.

▶ Authorization forms must be signed by a parent or guardian before a student is allowed to self-carry and self-administer any prescription and non-prescription medication.

▶ All medication must be in its newest original container with accurate label.

▶ All prescriptions must be written by Oregon-licensed physicians.

▶ Please make sure that all emergency contact info is up-to-date in the school's main office.

Signature: ____ Date: _________________