



Tippecanoe School Corporation
21 Elston Road
Lafayette, IN 47909-2899

To the parent/guardian of _____ Teacher: _____ Grade: _____

You have indicated on school records that this student currently has **Diabetes**. It is important to have at least annual health information when s/he needs help at school. **Please complete this form and return it to the school nurse tomorrow** so a plan to help your child can be shared with identified school personnel. It is the responsibility of parents to provide necessary special food and medicine needed at school. If you have any questions, you may call the nurse at the student's school.

Type of Diabetes: type 1 ___ type 2 ___ Target blood sugar range: _____ to _____

On insulin? No ___ Injection ___ Pump ___ brand: _____

When should blood sugar be checked? _____

Is your child independent with his/her management? No ___ Yes (requires physician's statement) _____

ARE MEDICATIONS NEEDED? No ___ Yes ___ (list below)

MEDICATION	DOSE	TIME
1.		
2.		
3.		
4.		

Circle the number of any medication that needs to be given at school. *

PLEASE ADVISE THE SCHOOL NURSE IMMEDIATELY OF CHANGES IN MEDICATION AND/OR DOSE

Are there any special directions or needs for your child while at school? _____

PLEASE PROVIDE THE SCHOOL WITH PHYSICIAN'S ORDERS FOR ANY DIABETES MANAGEMENT THAT NEEDS TO BE DONE AT SCHOOL IMMEDIATELY

If you want additional help given or have other concerns, describe them here: **

I HEREBY AUTHORIZE THE _____ SCHOOL NURSE TO EXCHANGE INFORMATION WITH DR. _____'S PRACTICE FOR THE PURPOSE OF MANAGING MY CHILD'S DIABETES

I DO / DO NOT give permission for a Volunteer Health Aide to assist in the daily management of my child's diabetes care.

Parent signature: _____ Date: _____

REMEMBER TO ADVISE THE SCHOOL IMMEDIATELY OF CHANGES IN PHONE NUMBERS, ADDRESS, RESPONSIBLE EMERGENCY CONTACT PERSONS, DOCTOR, OR HOSPITAL PREFERENCES.

* TSC has a policy regarding taking medication for school. Please check with your child's school for direction.

** Tests and activity restrictions require written direction from the student's doctor.