

Student Name: _____ DOB: _____ Homeroom: _____

Our Lady of Mt Carmel School

PARENT INFORMATION FOR DIABETIC STUDENT

Diabetes was diagnosed at what age: _____

1. What type of insulin does your child use? _____
2. Insulin delivery system (circle one): Pump Insulin Pen Insulin Vial/Syringe
3. What time of day does your child routinely check their blood sugar(circle) Lunch Other _____
4. My child’s daily diabetic management will be done in the Nurse’s Office (circle): Yes No*
*If No (daily diabetic management will not be done in the Nurse’s Office), all areas below should be circled “NO”).
5. Does your child need assistance with the following task(s)?

<u>Task</u>	<u>Needs Assistance?</u>	
Performing Glucose checks	Yes	No
Determining correct amount of insulin	Yes	No
Drawing up correct amount of insulin	Yes	No
Giving own injections	Yes	No
Counting Carbohydrates	Yes	No
Giving own bolus via pump	Yes	No
Calculating and setting basal rates	Yes	No
Disconnecting pump	Yes	No
Reconnecting pump at fusion site	Yes	No
Preparing reservoir and tubing	Yes	No
Inserting infusion set	Yes	No
Troubleshooting alarms and malfunctions	Yes	No

6. Glucagon should be stored in the Nurse’s Office. Glucagon should be delivered to the school nurse by the first day of school.
7. Are you available to attend field trips with your child? Yes No

Thank you for completing this form. All of the information provided will assist the school nurse to understand your child better and may be shared with pertinent staff at OLMC School.

Parent Signature: _____ Date: _____

Student Name: _____ DOB: _____ Homeroom: _____

Our Lady of Mt Carmel School

CONTINGENCY PLAN FOR DIABETIC STUDENT

Our Lady of Mt. Carmel School employs a registered nurse. Occasionally, the nurse is not available to work on her scheduled day. In this instance, every effort is made to find a substitute nurse. In rare instances, a substitute nurse is not available. In this case, please consider the following points and formulate a plan in conjunction with the school nurse.

Parent notified.

Student is able to check own blood glucose level with adult supervision.

Student is able to administer own insulin dose with adult supervision.

Parent is able to assist with care of student by coming to school as needed during the day.

Parent is able to assist with care of student by phone.

Non-medical staff member will call the school nurse by phone for assistance.

Appropriate staff trained to assist student.

Plan for diabetic student when a nurse is not available will be:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____