

STUDENT WITH DIABETES INFORMATION SHEET

Student : _____ DOB: _____ School : _____ Grade: _____

Teacher(s) : _____

Parent

Name(s) : _____

Phone: home: _____ work: _____

cell: _____

Emergency contacts: _____ phone: _____

phone: _____

Physician: _____

phone: _____

MEDICAL HISTORY

Age at diagnosis: _____ Last hemoglobin A1c date & value: _____

Allergies: _____ Current medications (other than insulin): _____

Other medical problems: _____

Psychosocial issues: _____

TESTING

Meter: _____ Frequency: _____

Independent (circle): Yes No Support needed: _____

INSULIN

INJECTIONS

PUMP THERAPY

am _____ type of insulin used (circle) H R

lunch _____ basal rate(s): to _____ units/hr

dinner _____ to _____ units/hr

bedtime _____ to _____ units/hr

snacks _____ to _____ units/hr

_____ to _____ units/hr

sliding scale: + unit every points > _____ to _____ units/hr

- unit every points < _____ (i.e. MN to 0300 0.8 units/hr)

Independent (circle): Yes No insulin/carb bolus: _____ units per _____ grams carb

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Support needed:	
	sliding scale: + unit every points >
	- unit every points <
	hyperglycemia bolus: units per points >
	(i.e. 1 unit every 50 points >150)

DIETARY CONCERNS (carbs per meal/snacks/parties):

ACTIVITY CONCERNS (PE/field trips):

HYPOGLYCEMIA CONCERNS & PREFERRED TREATMENT:
GLUCAGON AT SCHOOL (circle): Yes No (if yes, delegated to: _____)

HISTORY OF DIABETIC KETOACIDOSIS & CONCERNS:

DIABETES EDUCATION NEEDS IN THE SCHOOL SETTING

SUPPLIES AT SCHOOL (circle): all to be supplied by parents			
syringes	lancing device	snacks	batteries (meter/pump)
insulin	lancets	juice	glucagon
pump supplies	meter	glucose tabs	keto sticks
other (specify): _____			

Parent signature: _____
Date: _____

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Nurse signature: _____

Date: _____

CHECKLIST

IHP (if needed) _____

504 Plan _____

Emergency Plan _____

Health Alert _____

Kitchen notified _____

Bus Alert _____