

**LEE'S SUMMIT R-7 SCHOOL DISTRICT
DIABETES INFORMATION AND CHECKLIST SHEET**

Student's Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ phone: _____ cell phone: _____

Parent/Guardian Name: _____ phone: _____ cell phone: _____

Diabetes Healthcare Provider: _____ Phone: _____

Date of diagnosis: _____ Type 1 Diabetes Type 2 Diabetes

Date of last Hospitalization/ER visit for diabetes: _____ ISF: _____

BLOOD GLUCOSE MONITORING (check all that apply):

2 hours after meals before PE class after PE class before boarding bus

Monitoring will be done: in classroom in health room

Target range: 70 – 140 80 – 140 other _____

Student is independent:

- with blood glucose checks
- with counting carbohydrates
- entering numbers into pump
- giving injections per insulin pen

Student requires assistance:

- with blood glucose checks
- with counting carbohydrates
- entering numbers into pump
- giving injections per insulin pen

EXERCISE/ SPORTS

Needs _____ carbohydrates before P.E. class Needs _____ carbohydrates after P.E. class

POTENTIAL PROBLEMS

- Routine care for hypoglycemia (**blood glucose 70 or below**) - In the event of a low blood sugar the procedure routinely followed at school is to give 15 grams of a quick acting carbohydrate such as 5 - 6 lifesavers or 4 oz. of juice. Blood glucose is rechecked in 15 minutes. Repeat treatment and retest every 15 min. until blood glucose is >70. A parent/guardian will be contacted if the student required a repeat treatment; if the blood glucose <50; or if the student has more than one episode of hypoglycemia during the school day.
- Routine care for hyperglycemia (**blood glucose 240 or above**) - In the event of a blood glucose >240 the procedure for school is to test for urine ketones and push non-caloric fluids. For trace or small ketones student will continue checking with each void. For moderate or large ketones a parent will be notified.

REQUIRED ITEMS FOR SCHOOL

Doctor's orders

Glucometer and strips

Fast acting sugar (glucose tabs or snacks)

Syringes or pen

Infusion set and inserter (for students with a pump)

Extra lancets

Insulin

Batteries

Ketone strips

Complex carbohydrate snacks

***A student who has met the eligibility requirements and has been cleared by the school nurse may keep some of the required equipment in their belongings**

PARENTAL CONSENT FOR MANAGEMENT OF DIABETES AT SCHOOL

We/(I), the undersigned parent/guardian of the above named student request that health management and supervision of diabetes be done as needed at school as outlined by the physician's orders and the student's Individual Health Plan. In addition we/I agree to the following:

- To provide the required and necessary equipment and supplies.
- To notify the school nurse of any change in the student's health status or change in physician.
- We/I understand nutrition analysis can be made available to me at my request.
- We/I understand in the event my student is unresponsive or unconscious that 911 will be called.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____