

DIABETES ASSESSMENT FORM

This form is to be completed by the parent of _____ and the school nurse prior to the first day of school.

Who should the school nurse call/text if there is a health concern during the school day?

Name	Relationship	Phone number
_____	_____	_____

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_____	_____	_____

Are there any cultural/religious concerns that school nurse should be aware of (*i.e., use of technology, fasting, other*)? Please explain:

STUDENT SELF CARE

- No supervision Full supervision
- Requires some supervision: Ability to be determined by school nurse and parent

MONITOR BLOOD GLUCOSE

- As needed for signs/symptoms of low/high blood sugars
- Before school program
- Before snack
- After school program
- Before lunch
- After lunch
- Recess
- Before PE
- After PE
- Extracurricular activity
- Behavioral concern
- 2.5 hours after correction
- School dismissal
- Before riding bus/walking home
- CGM alarms
- OTHER: _____

DAILY DIABETES ROUTINES

Daily snacks (time): _____

Blood glucose testing: Time: _____ Location: _____

Breakfast eaten at (time): _____

Lunch eaten at (time): _____

Recess times: _____

Insulin injections: Time: _____ Location: _____

PE days/times: _____

Continue on next page

