



**South Brunswick School District**

**Diabetes Medical Management Questionnaire**

Date: \_\_\_\_\_

Dear Parent/Guardian:

This form is to create the plan for school day management of your child's diabetes. Our goal is your child's safety and optimal well-being which will maximize his/her school success and enjoyment. We will work with you and your child to accommodate his/her management needs during school activities. Please complete this form, review it with your child's Physician/Endocrinologist and return it to the Health Office as soon as possible.

**STUDENT NAME:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1<sup>st</sup> Parent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Parent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**BLOOD GLUCOSE TESTING:**

- Routine testing times: AM: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM: \_\_\_\_\_ Bedtime: \_\_\_\_\_
- Supplemental testing times:  
\_\_\_\_ Before exercise    \_\_\_\_ Before Snacks: \_\_\_\_ AM \_\_\_\_ PM  
\_\_\_\_ After exercise    \_\_\_\_ Symptoms of high or low blood sugar  
\_\_\_\_ When ill    \_\_\_\_ Other: \_\_\_\_\_

**MEALS & SNACKS:**

- Routine meal and snack times:  
Breakfast: \_\_\_\_\_ AM Snack: \_\_\_\_\_ Lunch: \_\_\_\_\_ PM Snack: \_\_\_\_\_ Bedtime: \_\_\_\_\_

**LOW BLOOD GLUCOSE (HYPOGLYCEMIA):**

- Please specify your child's symptoms:  
\_\_\_\_ Headache \_\_\_\_ Shaky \_\_\_\_ Weakness \_\_\_\_ Irritable \_\_\_\_ Sleepy \_\_\_\_ Dizzy  
\_\_\_\_ Pale \_\_\_\_ Sweaty \_\_\_\_ Other: \_\_\_\_\_
- If blood glucose is less than \_\_\_\_\_ mg/dl, have student take the following IMMEDIATELY:  
\_\_\_\_ Glucose Tabs \_\_\_\_ Juice Box \_\_\_\_ Snack \_\_\_\_ Other (specify): \_\_\_\_\_
- After administration of rapid acting sugar and/or snack, symptoms should improve within 15 minutes. If not, have student repeat above and report to the Health Office with an escort.
- If student is unable to safely drink or eat anything, please do the following:  
\_\_\_\_ Administer glucagon injection (**needs written MD order with labeled medication**).  
\_\_\_\_ Other (specify) \_\_\_\_\_
- If student begins to lose consciousness or has a seizure, call 911 and transport to \_\_\_\_\_  
(Hospital)

**HIGH BLOOD GLUCOSE (HYPERGLYCEMIA):**

- Please note your child's symptoms:  
 Thirst    Nausea    Stomach Ache    Headache    Tired  
 Other (specify) \_\_\_\_\_
- If blood glucose is greater than \_\_\_\_\_mg/dl, check the urine for ketones using:  
 \_\_\_\_\_
- Notify the \_\_\_\_\_ parent and/or \_\_\_\_\_ physician if ketones are positive, or when: \_\_\_\_\_
- Please specify follow-up: \_\_\_\_\_ Insulin Administration   \_\_\_\_\_ Drink water  
 \_\_\_\_\_ Rest   \_\_\_\_\_ No Physical Ed   \_\_\_\_\_ Other (specify) \_\_\_\_\_

Any other information the school nurse should know concerning your child's diabetic health needs:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE:**

**Elementary & Middle Schools**

- Student's insulin will be kept in Health Office
- Student may self-administer insulin if indicated on Diabetes Medical Management. If no, see Medication Order Form - with instructions for medication administration during school hours
- **A written physician's order is required for glucagon administration. If glucagon is administered at school, 911 will be called.**
- Teachers will be advised to allow student to eat a snack in classroom if needed.
- Student's family is expected to supply student with daily snacks and juice, as well as providing extra snacks, juices, testing supplies, as well as ketone testing supplies to be kept in the Health Office.
- If student feels high/low, report to Health Office with an escort

**High School**

- Student's insulin may be kept with student and/or in the Health Office if necessary.
- Student may self-administer insulin if indicated on Diabetes Medical Management. Teachers will be advised that student is allowed to administer insulin as outlined in this plan. If no, see Medication Order Form - with instructions for medication administration during school hours
- **A written physician's order is required for glucagon administration. If glucagon is administered at school, 911 will be called.**
- Student is expected to carry his/her glucometer at ALL TIMES.
- Teachers will be advised that student be allowed to test blood sugar at ANY TIME.
- Teachers will be advised to allow student to eat a snack in classroom if needed.
- Student's family is expected to supply student with daily snacks and juice, as well as providing extra snacks, juices, testing supplies, as well as ketone testing supplies to be kept in the Health Office.
- Student is responsible for carrying a snack, juice, or glucose tabs AT ALL TIMES.
- Student is to report to the Health Office if glucose readings are high and symptoms interfere with classroom activity or concentration.
- Student is to report school time high and low readings to nurse.
- If student is "low," he/she is to drink/eat IMMEDIATELY in classroom.
- If symptoms persist 15 minutes after eating/drinking, student should report to the Health Office with an escort.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_