

# EAST SIDE UNION HIGH SCHOOL DISTRICT

## Diabetes Information Sheet

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Home#: \_\_\_\_\_ Wrk.#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name of Student's Doctor for Diabetes: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The following information is helpful to your child's school in determining any special needs for your child. Please answer the questions to the best of your ability.

1. How long has your child been diagnosed with Diabetes? (date or age): \_\_\_\_\_

2. Current insulin dose and schedule (or other Diabetes Medication): \_\_\_\_\_

3. Blood testing regimen (frequency and timing of home monitoring): \_\_\_\_\_

4. Signs of Symptoms of hypoglycemia particular to the student: \_\_\_\_\_

5. Time of day insulin reaction most likely to occur: \_\_\_\_\_

6. Most effective treatment (i.e., sweets most readily accepted): \_\_\_\_\_

7. Time of break: \_\_\_\_\_

8. Usual food consumed at break: \_\_\_\_\_

9. Blood tests to be done at school by student (including time administered): \_\_\_\_\_

10. Time of P.E.: \_\_\_\_\_ Time of Lunch: \_\_\_\_\_

11. List diabetes supplies to be supplied by parent (including sweets for hypoglycemia) to be Kept at school and instructions for use: \_\_\_\_\_

12. Other important Information: \_\_\_\_\_

Thank you for your time and assistance in assessing your student's special needs at school

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
Date