

DIABETES EMERGENCY PROCEDURE INFORMATION

DATE: _____

To the Parent(s)/Guardian(s) of: _____

You have provided our school with information that your child has diabetes. In order for school personnel to care for your child effectively, additional information would be helpful. The information you supply will be kept confidential. Please answer the following:

When was your child diagnosed with diabetes? _____

Has your child ever been hospitalized for diabetes? No ___ Yes ___ Date of last hosp. _____

What type(s) of insulin does your child use?

What time(s) does your child receive insulin?

How often does your child experience an insulin reaction (low blood sugar)?

When do insulin reactions usually occur?

Which of the following signs and symptoms does your child usually experience with insulin reactions (**low blood sugar**)? **Please circle number:**

- | | |
|--|----------------------------|
| 1. Sudden hunger | 8. Visual problem |
| 2. Weakness or lightheadedness | 9. Headache |
| 3. Restlessness or anxiety | 10. Mood change, confusion |
| 4. Pale appearance | 11. Drowsiness |
| 5. Sweating | 12. Cold clammy skin |
| 6. Shakiness, tremors, jittery feeling | 13. Dizziness |
| 7. Rapid strong pulse | 14. Other (specify) |

Please indicate how you would like school personnel to respond to low blood sugar symptoms should the need arise?

1. _____

2. _____

3. _____

4. _____

5. _____

NOTE: Food for treatment of low blood sugar must be supplied by the parent/guardian.

Which of the following signs and symptoms does your child usually experience with **high blood sugar**? **Please circle all that apply.** NOTE: Due to the unpredictability of Juvenile Onset Diabetes (Type I), CCPS requires doctor's order or directions for insulin administration in school.

Urination Thirst Presence of ketones in urine Generalized weakness
Loss of appetite Nausea/vomiting Other: _____

Should your child's activity be limited if he/she shows ketones in their urine? Yes ___ No ___

How would you like school personnel to respond to elevated blood sugar, should the need arise?

1. _____

2. _____

3. _____

- 4. _____
- 5. _____
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This information will be shared with those with a need to know.

Parent/Guardian Signature _____ Date _____