

FOR SCHOOL NURSE
SCHOOL INTAKE INTERVIEW - DIABETES

Student _____ Date of Birth _____
School _____ Grade _____ Homeroom Teacher _____
Parent(s)/Guardian(s) _____
Phone (H) _____ (W) _____ (Other) _____
Emergency contact (other than parent/guardian) _____ Phone _____
Physician Name _____ Office Phone _____ Fax _____
Diabetes Nurse Educator's Name _____ Office Phone _____
Medical release of information signed? Yes _____ No _____
Mode of transportation to and from school? _____ Bus driver notified of diabetes? Yes _____ No _____
Does child participate in after school activities? Yes _____ No _____ Before _____ Or after _____ Care? _____
Explain _____
Adult leader notified of diabetes? Yes _____ No _____
Field trip recommendations: _____

Blood Sugar Monitoring:

Test will be performed in _____ (location).
Needs assistance with testing? Yes _____ No _____ Explain _____
Required test times _____
Call parent if blood sugar is below _____ Or above _____
Staff to record values and report to parents daily _____ weekly _____
Comments: _____
Continuous Glucose Monitoring: Model: _____ Alarm parameters: _____

Med: **Insulin:** Can child give own injections? Yes _____ No _____ Explain _____
Order for insulin on file? Yes _____ No _____
Time(s) insulin to be administered at school: _____
Type/Dosages: _____
Form of administration: _____
(Injection, Pen, Pump)
Oral medications: Type _____ Times _____ Dose _____
Comments: _____

Diet: Assigned student lunch time(s)? _____
Is child following a prescribed meal plan? Yes _____ No _____ Assistance required? Yes _____ No _____
Explain _____
Snack Time(s)? _____ Assistance required? Yes _____ No _____
Explain _____
Snack will be eaten in _____ (location)
Snacks will be stored in _____ (location)
Recommended snacks _____
Parent wishes to be notified in advance of class parties? Yes _____ No _____
Child may partake in class treats? Yes _____ No _____ Explain _____
Comments: _____

Physical Education:

Scheduled at: _____
Is snack necessary before physical education? Yes _____ No _____
Does child participate in after school sports? Yes _____ No _____
P.E. Teacher/Coach aware of child's diabetes? Yes _____ No _____
Comments: _____