

Dear Parents,

Apr. 2022

Attached is the 2022-2023 diabetes packet for you to complete and return for the upcoming school year. It is important that the paper work is on file by August 16, 2022. Please bring medications and blood sugar testing supplies to our Open House. Medications (insulin, glucagon, and glucose tablets) need to be in their original containers, labeled with the child's name, and not to expire until the end of the school year. All medications need a signed physician's order. Medication orders may be faxed to +1-636-532-6502.

Should you have any questions please feel free to call the school office.

Thank you,

Gretchen Kirsch, RN, BSN  
Ascension School Nurse

# Diabetes Health History Form

Date Initiated \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

## Assessment/Daily Management

Baseline Information: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_ Hearing \_\_\_\_\_

Known Allergies \_\_\_\_\_

Date Diagnosed with Diabetes \_\_\_\_\_ Last Hospitalization \_\_\_\_\_

Has Glucagon ever been administered? Yes \_\_\_ No \_\_\_ If yes, what was the reaction:

\_\_\_\_\_

## Diabetes Medication

Type of Insulin/ Oral Med	Dosage	Time To Be Given	Reaction Signs/Symptoms
---------------------------	--------	------------------	-------------------------

1.	_____	_____	_____
----	-------	-------	-------

2.	_____	_____	_____
----	-------	-------	-------

3.	_____	_____	_____
----	-------	-------	-------

Transported Daily \_\_\_\_\_ Stored at School \_\_\_\_\_

Test(s) performed at school: \_\_\_\_\_ Time(s) \_\_\_\_\_

Equipment needed: \_\_\_\_\_

Physical Education (PE) / Exercise Activities Scheduled: AM \_\_\_\_\_ PM \_\_\_\_\_

PE Modification \_\_\_\_\_

# Diabetes Health History Form - Continued

Food Intake: Times: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ AM Snack \_\_\_\_\_ PM \_\_\_\_\_

Brings own food \_\_\_\_\_ Storage \_\_\_\_\_ Selects in Cafeteria \_\_\_\_\_

Needs Assistance \_\_\_\_\_ Type of Assistance Needed \_\_\_\_\_

## EMERGENCY INSTRUCTIONS:

If parent or guardian cannot be reached, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Transportation Requested: Parent \_\_\_\_\_ Ambulance \_\_\_\_\_ Other \_\_\_\_\_

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

## Other Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_

## Additional Medication(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

(Sample #1)

# Emergency Action Plan Diabetes Healthcare

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other person to contact in an Emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Physician(s) or Health Care Provider's Name \_\_\_\_\_

Phone \_\_\_\_\_

### Emergency items to be left at school:

Glucose tablets _____	Glucagon _____
Snacks _____	Blood glucose meter _____
Glucose Gel _____	Insulin _____
_____	Syringes _____
_____	Other _____

In the event of a low blood sugar response, the procedure routinely followed at school is: to give some form of sugar or carbohydrate, such as ½ carton of milk, ½ cup fruit juice, or ½ cup non diet soda, followed by crackers with cheese. If the student is unconscious, call 911. Call parents/guardians.

I approve the above emergency healthcare action plan as written Yes \_\_\_\_\_ No \_\_\_\_\_

Please make the following changes to the emergency healthcare action plan:

---

---

---

---

- (continued on back) -

(Sample #1 Continued)

## Emergency Action Plan Diabetes Healthcare

List other additional information or significant special health concerns of this student.

---

---

---

---

---

I give permission for emergency blood glucose testing by the school nurse or designee using equipment I have provided. I understand that when the school nurse or designee is not available for emergency blood glucose testing, the parent/guardian will be notified or "911" will be called. Yes \_\_\_\_\_ No \_\_\_\_\_

Additional directions regarding blood glucose testing: \_\_\_\_\_

---

---

---

Written and submitted by: \_\_\_\_\_  
Nurse or Designee Date

Reviewed and signed: \_\_\_\_\_  
Parent/guardian Date

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Physician or Health Care Provider Date

To be reviewed \_\_\_\_\_  
Date

The emergency healthcare action plan should be revised according to the child's specific needs, at least annually.

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample of Springfield School District Emergency Action Plan – Diabetes Healthcare.

# DIABETES: LOW BLOOD SUGAR EMERGENCIES

MY NAME IS \_\_\_\_\_

I HAVE DIABETES AND MUST TAKE INSULIN DAILY.

IF YOU SEE ME:



**HUNGRY, WEAK**



**CRYING, CONFUSED  
IRRITABLE**



**PALE  
PERSPIRING  
SHAKY**



**DROWSY  
INATTENTIVE**



**HEADACHE  
NAUSEA**

**OR BEHAVING  
STRANGELY  
IN  
ANY WAY...**

I may be having a **LOW BLOOD SUGAR EMERGENCY** (insulin reaction).

My most common symptoms are \_\_\_\_\_

A **LOW BLOOD SUGAR EMERGENCY** (insulin reaction) would most likely occur before lunch or after strenuous exercise or \_\_\_\_\_

IF THIS HAPPENS PLEASE GIVE ME SOME FORM OF SUGAR. SUCH AS:

- SOFT DRINK (non-diet)
- CANDY OR HONEY
- SUGAR (at least 2 packets)
- FRUIT JUICE

Repeat if I do not improve in 5–10 minutes!

**Don't leave me alone, please.**

Follow up with additional food— such as milk, cookies, crackers.

I may need coaxing to eat.

But if I'm unconscious or unable to swallow, don't force drinking or eating—  
**GET EMERGENCY HELP!**

For additional help call:

PARENT \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**Please don't send me home alone when I've had a reaction.**  
(See reverse side)

BY UNDERSTANDING THE FOLLOWING INFORMATION YOU CAN GREATLY HELP YOUNGSTERS DEAL WITH THEIR DIABETES AND YOU WILL FEEL MORE CONFIDENT WITH THEM.

## Facts About Diabetes

1. A person who has Type 1 diabetes has to take insulin by injection at least once a day because he or she does not make enough of the hormone insulin to meet the body's needs. Without insulin, one's food cannot be properly metabolized.
2. Sometimes the balance between sugar and insulin in the body is upset. Then the person can have a **LOW BLOOD SUGAR EMERGENCY** (insulin reaction). This can occur at any time, but most frequently happens after:
  - Excessive physical activity, without extra food ahead of time
  - Failure to eat the proper amount at the proper time

Too much administered insulin
3. The symptoms of **LOW BLOOD SUGAR EMERGENCY** (insulin reaction) vary. Most young people with diabetes are aware when they need extra food. But there may be times when they may not be aware that a low blood sugar emergency is occurring. At that point you must be able to recognize the symptoms and offer the foods mentioned on the reverse side of this card.
4. On occasion, the youngster with diabetes may need to drink more water than usual and have to go to the bathroom more often than normally allowed. This is the result of high blood sugar, and you may want to alert the parents.

For additional copies and information:

Saint Louis Chapter  
225 S. Meramec, Suite 400  
Saint Louis, MO 63105



*dedicated to finding a cure*

The Juvenile Diabetes Foundation International was founded in 1970 by parents of children with diabetes who were convinced that diabetes could be cured through research. They were and still are determined to make that cure happen in their children's lifetime.

JDF is the world's leading nonprofit, nongovernmental funder of diabetes research. JDF's mission is to find a cure for diabetes and its complications through the support of research. For more information, visit our website: [www.jdf.org](http://www.jdf.org).

*(See reverse side)*

# Prescription Medication Order and Permission to Administer Medication and to Test Blood Sugar Form

*(To be returned to the school nurse or designee)*

From time to time, it may be necessary for your child to take prescription medicine for treatment of an illness. Medicines that are ordered to be taken less than 4 times a day can and should be taken at home. However, if medicine must be taken 4 or more times a day, or at a specific time scheduled during school hours, the school nurse or designee, as mandated by state law, may dispense medications **ONLY WITH THE FOLLOWING:**

1. Medication order, signed by the physicians
2. Parental authorization, signed by the parent or guardian
3. Original pharmacist labeled bottle.

---

## *MEDICATION ORDER*

Student: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Telephone number of physician or health care provider: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician or Health Care Provider)

---

## *PERMISSION TO ADMINISTER*

Date: \_\_\_/\_\_\_/\_\_\_ I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as directed.

\_\_\_\_\_  
(Signature of Parent/Guardian)

---

## *PERMISSION TO TEST BLOOD SUGAR LEVEL*

Date: \_\_\_/\_\_\_/\_\_\_ I grant permission for the school nurse or designee to test my child's blood sugar level at school during a crisis or emergency situation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_/\_\_\_/\_\_\_ I grant permission for the school nurse or designee to test this child's blood sugar level during a crisis or emergency situation.

\_\_\_\_\_  
(Signature of Physician or Health Care Provider)

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses.