

Procedure for School Form Requests

2019-2020

Student Name: _____ Date of Birth: _____

We want to do our best to make sure your child has a new school form **BEFORE** the start of the **2019/2020** school year. **Please fill in ALL the requested information on the back, including signature and date.** **IF INFORMATION IS MISSING, COMPLETION OF YOUR SCHOOL FORM WILL BE DELAYED UNTIL WE RECEIVE THE INFORMATION REQUESTED ON THIS FORM!**

Changes this Year:

- There will be **no fee** for school forms this year.
- School forms will be completed by a diabetes nurse as soon as possible, after we receive a school form request. Our goal is to complete school form requests within two weeks of receiving the request.
- **You have the option of filling out the form and emailing it back to the office (DiabetesTeam@childrensnational.org) at any time before the start of the school year.**
- **If you do not have an email address, you may call the office and ask for a form to be mailed or faxed to you or you may pick up a form up at the Main Hospital or any of the diabetes clinic locations.**
- School forms will be **emailed back** to you so be sure the email address you provide below is **clear and readable**. If you do not have an email address, completed forms will be mailed or faxed to you **OR** the school.
- **If you have not been seen in diabetes clinic within the past six months, a school form will not be sent to you or the school until an appointment has been scheduled.** Once an appointment is scheduled, call the main office at 202-476-2121 and let us know. Once the office receives the request form, a temporary school form will be emailed to you or the school. The form will only be valid until the date you scheduled your appointment and/or your child is seen by one of our providers.

Remember, if you do not have a school form, schools may deny your child entrance to school.



Children's National School Form Request
2019-2020

(label)

Student Name: _____ Date of Birth: _____

Email Address: (please write clearly) _____

School Name: _____ City: _____ State: _____

What diabetes & other medication(s) does your child take:

Medications:

Insulin: (if used) Basal: NPH Basaglar Lantus Toujeo Tresiba Levemir
 Bolus: Regular Novolog Fiasp Humalog Admelog Apidra

Delivered by: Pen Syringe Pump If pump, name: _____

Dosing: fill in columns (including usual times) for each bolus (fast-acting insulin) dose you take:

Time (hour am/pm)	Fixed Dose (units)	Carb/Insulin Ratio Example (1:10)	Correction Factor Ratio Example: 1:25(150) (include target bs)	Usual range of units taken if using ratios	Scale(s) if used
Breakfast:					
Snack:					
Lunch:					
Snack:					
Dinner:					
Bed/Snack:					

What is the dose of the basal insulin(s) you take (if you do) and when do you give it?

Basal Rates for Pump (if used):

Time	Rate	Time	Rate	Time	Rate

Other Medications Taken (including diabetes pills) & doses:

Drug(s)	Dose	Time taken

Does your child take breakfast insulin at school? YES NO
 Does your child adjust meal insulin dose before: Gym/PE? YES NO
 If adjusting insulin please describe: _____

Please check the box that shows your child's diabetes self-care skills:	Independent	Needs Assistance/ Supervision	School staff must do	N/A
Blood sugar testing (including interpreting result)				
Treat mild lows				
Carbohydrate Counting				
Insulin dose calculation				
Measuring insulin (syringe or pen)				
Administer own insulin via pen/syringe				
CGM Name: (if used)				
High Alert: _____ Low Alert: _____				
Insulin Pump Name: (if used)				
Reconnect pump at site				
Bolus via pump				
Prepare and insert infusion set/Pod				
Disconnect pump				
Set Temporary Basal Rate				
Troubleshoot alarms/malfunctions				
Suspend pump				

I give permission for diabetes team to talk with the school nurse as necessary

Parent Signature Date