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: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Meds:**  | **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 Educaiton:**

|  |  |  |
| --- | --- | --- |
|  | 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: |  |