

DIABETES PHYSICIAN INFORMATION CONSENT FORM

SCS Protocol for Diabetic Students Physician and Parent/Guardian to Review and Sign

Date: _____ School Year: _____

Child's Name: _____ DOB: _____

It is our pleasure to partner with you and serve your child at SCS. In order to make sure your child is well cared for during the school day, it is important that we work closely together to follow the procedures outlined below. Please contact us if you have any questions about these procedures.

- Carb Counts for all foods must be available for accurate Insulin dose.
- Students come to the Health Office to check blood sugar via finger stick or blood glucose monitor:
 - Prior to lunch
 - Prior to snack
 - Prior to (and after) Physical Education
 - Prior to dismissal
 - Prior to Sports Activities
 - Anytime the student and/or teacher thinks necessary, due to feeling symptoms of low or high blood sugar
- Smithtown Christian School requires the following:
 - Diabetes Supplies/Medications/extra snacks and juice per our Diabetes Supplies List
 - Diabetes Management Plan provided by Physician
 - Diabetes Sports Clearance provided by Physician (required in grades 7-12 if playing sports)
 - Self Medication Form, signed by Physician and Parent
- All required forms are provided to the parent upon application for registration to Smithtown Christian School and every year of attendance thereafter.
- Please keep in mind the above when determining the eligibility of the student in regards to self- testing, carbohydrate/insulin calculations, self-treating, and self-medicating.
- Physician may indicate specific times and instances when self-treatment is applicable.
- Parent to review Self Medication Form with nurse to determine daily routine.
- All pertinent information will be shared with appropriate personnel at school.

Physician Signature _____ Date _____

Parent Signature _____ Date _____