Smithtown Christian School

Diabetic Clearance Form for Athletes

The following is an individualized care plan for _____. Your physician should complete the form as well based on the student's individual needs to participate in the Smithtown School District's athletic program.

Coaches can be trained on a voluntary basis in the administration of Glucagon

Student responsibilities: The student is required to provide the coaches an emergency pack including the following:

_____Glucagon (only if coach is glucagon trained)
_____Cake icing/gel or glucose tabs

Any additional items such as juices, snacks and diabetic supplies should be kept with the student at practice or games.

Students are to test glucose level before each practice and game.

If students BG level is out of range they will not participate in physical activity.

Physician

Will student wear an insulin pump during sports practice and games? Yes_____ No_____

If yes student will follow appropriate guidelines for exercise while wearing the insulin pump.

What is the student's blood glucose target range for sports participation?
Between_____and_____.

Physicians signature:_____ Date:_____

The above student understands and takes full responsibility for following the physician's instructions as well and the responsibilities listed above.

Student signature:_____ Date:_____

Parent Signature: _____ Date:_____

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