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| SAMPLE:  INSERT LOGO/SAU/SCHOOL NAME | Diabetes Interview  SCHOOL YEAR \_\_\_\_\_\_ |

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| **Student**  Date of Birth Grade | Parent/Guardian Phone  Parent/Guardian Phone  Emergency Phone | | |
| Endocrinologist  Phone Last visit |
| Diabetes Nurse Educator  Phone | * MaineCare | * Private Insurance | * Need Information |
| Pertinent history including hospitalization | Age of diagnosis | Type | Last A1C |
| Home address:  Bus number if applicable:  After-school activities: | After-school contact:  Phone | | |
| Glucose monitoring system | Contact for non-emergent consultation:  Preferred method \_\_\_\_call \_\_\_ text\_\_\_ email  Frequency | | |
| Insulin delivery system | Ketone monitoring method and parameters | | |

Describe considerations necessary for the school day.

|  |  |
| --- | --- |
| * Athletics/Physical Education * Recess | * Classroom * Bus/Transportation |

Please share any health-related goals and needed assistance.

By signing below, I permit the school nurse to share information about my student’s health with appropriate school and medical personnel for my student’s ongoing safety at school.

Parent/Gaurdian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In an emergency when assistance is needed and emergency contacts are not reached, the healthcare provider will be contacted and if necessary 911 (emergency services) will be called.*