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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 PhoneParent/Guardian PhoneEmergency Phone |
| EndocrinologistPhone Last visit |
| Diabetes Nurse EducatorPhone | * 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\_\_\_ emailFrequency |
| Insulin delivery system | Ketone monitoring method and parameters |

 Describe considerations necessary for the school day.

|  |  |
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| * 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.*