Independent Management of Diabetes in the Classroom- School Year ___

_____________________________ has requested to independently manage all or part of his/her Diabetes in the classroom. Please complete the questions below, sign and return the form to the school nurse.

**Insulin Correction Abilities/ Skills**
- student give own injections  □ Yes □ No
- student determine correct amount of insulin  □ Yes □ No
- student prepare correct dose of insulin  □ Yes □ No

**Pump Abilities/Skills**
- Can count carbohydrates  □ Yes □ No
- Can bolus correct amount for carbohydrates consumed  □ Yes □ No
- Can calculate and administer corrective bolus  □ Yes □ No
- Can calculate and set basal profiles  □ Yes □ No
- Can calculate and set temporary basal rate  □ Yes □ No
- Can disconnect pump  □ Yes □ No
- Can reconnect pump at infusion set  □ Yes □ No
- Can prepare reservoir and tubing  □ Yes □ No
- Can insert infusion set  □ Yes □ No
- Can troubleshoot alarms and malfunctions  □ Yes □ No

**If student’s blood glucose is above 400 or below 70, student will notify classroom teacher and be accompanied to the nurse’s office. And he/she will remain in the nurse’s office until blood glucose is below 400 or above 70**

**Meals and Snacks Eaten at School**
- Is student independent in carbohydrate calculations and management?  Yes / No

The signatures below verify that this student is capable of independently performing all of the above skills to maintain his/her safety.

________________________________    __________________
Physician Signature                  Date

________________________________    __________________
Parent Signature                     Student Signature

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