

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