HIGHLAND SCHOOL DISTRICT 203

**DIABETES HEALTH HISTORY FORM**

Today's Date: _____ School Year: _____ School/Grade: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: (_____) _____ Work #: (_____) _____ Cell #: (_____) _____

Primary Health Care Provider: _____

Clinic Name: _____ Phone #: (_____) _____

Diabetes Specialist: _____

Clinic Name: _____ Phone #: (_____) _____

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1. **When was your child diagnosed with diabetes?** Age _____ Year _____
   ☐ Type 1 Diabetes ☐ Type 2 Diabetes Last A1C Value : _____ Date :_____

2. **Student Skill/Ability** (Place an X to indicate your child's skill/ability* to complete each task in list below)

| **Student Skill/Ability** | **Adult Needs to Complete** | **Adult Needs to Assist** | No Assistance Needed **Student Independent** |
|---|---|---|---|
| Blood Sugar Checks | | | |
| Counting Carbs | | | |
| Calculate carb and correction bolus | | | |
| Insulin Pen: Dial correct units on Insulin Pen | | | |
| Insulin Pen/Syringe: Give own insulin injections. | | | |
| Insulin Syringe: Draw up own insulin using syringe from a vial | | | |
| Insulin Pump: Bolus correct amount of carbs | | | |
| Insulin Pump: Calculate and administer correction bolus | | | |
| Insulin Pump: Disconnect pump | | | |
| Insulin Pump: Reconnect pump at infusion site | | | |
| Insulin Pump: Prepare reservoir and tubing | | | |
| Insulin Pump: Insert infusion set | | | |
| Insulin Pump: Troubleshoot alarms | | | |

**If a skill/ability is not part of your child's Diabetes Medical Management Plan, please write "N/A" (not applicable).*

3. **Hypoglycemia (low blood sugar): My child's usual symptoms are** _____
   a. Has glucagon ever been administered? ☐ No ☐ Yes

4. **Hyperglycemia (high blood sugar): My child's usual symptoms are** _____
   a. What are the normal/typical ranges for your child's blood sugar? (low) _____ to _____ (high)

5. **Any special considerations &/or safety precautions for school activities:**
   ☐ Physical activity (PE, sports, recess) ☐ Field Trips ☐ Classroom/Learning
   ☐ Bus transportation ☐ Behavior (mood/coping)
   ☐ Other, explain: _____

6. **During classroom parties, my child will:**
   ☐ participate by eating the treat and receive a carb bolus following carb content and physician's orders
   ☐ replace the treat with an alternate treat from home
   ☐ not eat the treat
   ☐ other: _____

**Parent/Guardian Signature:** _____ **Date:** _____

**Reviewed by R.N.:** _____ **Date:** _____