



Chandler Unified School District #80

Diabetes History

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

1. What type of diabetes has your child been diagnosed with? When was your child diagnosed?

2. How is your child's insulin delivered (i.e. syringe, pen, pump)?

3. Will your child be eating school lunch, or will you provide lunches from home?

4. Will your child be riding the bus? No Yes If yes, the health assistant or nurse will share a copy of the standard bus care plan.

5. Will you provide snacks for your child to eat if there is a classroom party? No Yes

6. Is your child currently taking any other medication needed during the school day? No Yes If yes, list name, dosage, and how often your child takes this medication. **If the medication is to be kept in the health office, a Consent for Medication Administration form must be on file.**

Parent/Guardian Name (Print): _____ Phone No. _____

Parent/ Guardian Signature: _____ Date: _____