

Diabetes History Form

Student Name:	Date of Birth:	Grade:
Parent/Guardian:	Phone Number:	
Physician/LHP:	Phone Number:	
☐ My child has been diagnosed wi	_	
☐ My child has been diagnosed wi	th TYPE 2 Diabetes Year/Ag	je:
Please answer the below quest	ions. We will use this inforn	nation to help create their ECP
Does your child: ■ Have a continuous glucose me	onitor (CGM): Pes N	lo .
If yes, how independent are they	∕ with using, understanding an	nd troubleshooting it?
Have an insulin pump: Yes If yes, how independent are they		nd troubleshooting it?
Know how to use their mInterpret results and know	lood sugar?	□ Yes □ No
My child's usual symptoms of Hypoglycemia: Hyperglycemia:	<u>:</u>	
 During lunch my child will: Bring their own lunch with Eat school lunch 	carb count provided from hon	ne
		eive carb bolus per LHP orders



• PE :		
o Recess:		
 Bus transportation: 		
o Field Trips:		
o Learning:		
Additional information	on that can help us care for your child:	
Parent signature:	Date:	
	Date:	
Reviewed by R.N:		

** Please return completed form to tara.arter@ridgefieldsd.org or fax to 360-619-1397**