Cincinnati Children's Diabetes Center
Self-Management Request for a Student with Diabetes

Student Name: ________________________________ Date of Birth: ___________ School Yr: ___________

School Name and Address:____ Grade: ______

School Nurse/Personnel:____

School Phone: (_____)_____________ School Fax: (_____)________________

Insulin: ☐ Insulin lispro (Humalog® or Admelog®) ☐ Insulin aspart (Novolog®) ☐ Insulin glulisine (Apidra®)

Insulin Administration: ☐ Syringe/Vial ☐ Insulin Pen ☐ Insulin Pump

I, _________________________, as the parent of _______________________________, request that he/she be allowed to independently perform the following diabetes care tasks during regular school hours and at school-sponsored activities:

- ☐ Check glucose within classroom and other designated school areas: ____
- ☐ Treat mild to moderate low glucose in classroom and other designated school areas: ____

Self-administer insulin using: ☐ Subcutaneous injection delivery
☐ Pump delivery ☐ Change own insulin pump infusion site

- ☐ Self-determine carbohydrate grams
- ☐ Self-determine insulin bolus
- ☐ Self-carry all necessary supplies and equipment to perform diabetes tasks

I also request that school personnel perform the following diabetes care tasks during regular school hours and at school-sponsored activities:

- ☐ Verify low glucose readings
- ☐ Verify all glucose readings
- ☐ Verify all insulin doses
- ☐ Treat severe low glucose with glucagon (according to Cincinnati Children's Hospital medical orders for a student with diabetes)

____________________________ ____________________________ ____________

Parent/Guardian Name (please print) Parent/Guardian Signature Date

(____)___________________

Parent/Guardian Phone Number

I support the parent(s) decision to have student self-manage diabetes care at school for the areas checked by the parent above:

____________________________ ____________________________ ____________

Diabetes Provider Name (please print) Diabetes Provider Signature Date

Cincinnati Children's Diabetes Center
3333 Burnet Ave, Cincinnati, OH 45229-3039
Phone: (513) 636-3005 Fax: (513) 636-9677
Email: diabetescallcenter@cchmc.org