

Student Health Services
1130 Fifth Avenue, Chula Vista CA 91911
(619) 585-6020 ~ (619) 407-4982

Part A: Parent Letter

Dear Parent/Guardian,

The Sweetwater Union High School District provides nursing services that promote students' ability to learn. Diabetes can affect a student's ability to learn if it is not under good control. To keep your child healthy and safe, each school has a full-time nurse who will help to manage your child's diabetes while at school.

So that we can care for your child's diabetes, it is important that you do the following before the start of each school year.

Complete these forms:

- Contact Information** form (Part B)
- Authorization for Services and Sharing of Information** form (Part C)

Get the following from your child's doctor:

- A **diabetes medical management plan** or doctor's orders. In Part D of this packet, you will find a letter to your doctor listing the information that needs to be included in the orders. Without physician's orders, the school will only be able to provide emergency care.
If at any time the doctor changes your child's care plan, tell the school nurse immediately.

Bring these supplies to school:

- Snacks and glucose tablets to treat low blood sugar
- Extra snack pack to be kept in each classroom in case of a lockdown emergency
- Medications, such as insulin
- Blood glucose meter, strips, alcohol preps, spare battery
- If student has an insulin pump, supplies related to the pump
- Ketone testing strips (if ordered by doctor)
- Glucagon, for emergency use when prescribed

Set a time to meet with your child's school nurse (see contact information below):

- During this meeting, you and the nurse will talk about your child's diabetes and will complete an **Individualized School Health Care Plan** and **Diabetes Emergency Action Plan**. This will give you and the nurse a chance to discuss any concerns or questions. The nurse will also explain how you can apply for accommodations for the student under Section 504 of the Rehabilitation Act.

Before the first day of school, return the completed forms and supplies to:

[Name, address, phone, and email of school nurse]

Sincerely,

Lynnette Martinez, RN, MSN
District Resource Nurses

Student Health Services
1130 Fifth Avenue, Chula Vista CA 91911
(619) 585-6020 ~ (619) 407-4982

PART B: Contact Information

Student's Name: _____ **Gender** M/F **Date of Birth:** _____

Date of Diabetes Diagnosis _____ **Type of Diabetes** _____ **Use of insulin** Yes/No

School: _____ **Grade:** _____ **Counselor:** _____

Mother/Caregiver: _____

Address: _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

E-mail Address: _____

Father/Caregiver: _____

Address: _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

Email address: _____

Student's Physician/Healthcare Provider

Name: _____

Address: _____

Telephone: _____ **Emergency Number** _____

Student's Preferred Hospital for Emergency Care: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home: _____ **Work:** _____ **Cell:** _____

Student Health Services
1130 Fifth Avenue, Chula Vista CA 91911
(619) 585-6020 ~ (619) 407-4982

Part C. Authorization for Diabetic Services and Sharing of Information

Permission for Care

I give permission to qualified school personnel to perform and carry out the diabetes care tasks outlined in the physician's order/Individualized Health Care Plan (IHCP)/Diabetes Emergency Action Plan (DEAP) designed for my child _____.

I understand that no school personnel, including a school nurse, a vocational nurse, a clerical assistant, a teacher, a school bus driver, a school bus aide, or any other officer or agent of the board of education, shall be held liable for any good faith act or omission consistent with the provisions of Ed. Code 49414.5.

Student's Parent/Guardian

Date

Permission for Glucagon Delegate

I give permission for qualified school personnel, in the event that the school nurse is not physically present at the scene, to administer glucagon to my child _____.

I understand that no school personnel, including a school nurse, a vocational nurse, a clerical assistant, a teacher, a school bus driver, a school bus aide, or any other officer or agent of the board of education, shall be held liable for any good faith act or omission consistent with the provisions of Ed. Code 49414.5.

Student's Parent/Guardian

Date

Release of Information

I authorize the sharing of medical information about my child, _____, between the school nurse and my child's physician(s):

1. Dr. _____, phone number _____

2. Dr. _____, phone number _____

I also consent to the release of information contained in my child's IHCP or DEAP to school personnel who have responsibility for or contact with my child, _____, and who may need to know this information to maintain my child's health and safety.

Student's Parent/Caregiver

Date

Student Health Services
1130 Fifth Avenue, Chula Vista CA 91911
(619) 585-6020 ~ (619) 407-4982

Part D: Physician's Orders

Dear Doctor:

In order to provide the best possible care for your patient while in school, we ask that you provide orders that include, at a minimum, the following information:

- Instructions for blood glucose monitoring, including the frequency and circumstances requiring blood glucose checks.
- Instructions for insulin storage and administration including dose and administration times prescribed for specific blood glucose values and carbohydrate consumption.
- Meals and snacks including food content, amounts and timing.
- Symptoms and treatment of hypoglycemia including the administration and dosage of glucagon.
- Symptoms and treatment of hyperglycemia including insulin administration.
- Checking for ketones and appropriate actions to take.
- Level of independence student has for self-management and insulin adjustment
- Direct phone number to reach the physician's office in the event of urgent questions regarding the student's care.
- Signature of the student's health care clinician.

Please feel free to contact me if you have any questions regarding the required information or to discuss the patient's care and management at school.

Sincerely,

[Name, address, phone, and email of school nurse]