Montgomery County Department of Health and Human Services School Health Services

Montgomery County Public Schools

Dear Parent/Guardian:

The school health team, including the School Community Health Nurse (SCHN) and School Health Room Technician (SHRT) will work with you, your student and your child's health care provider to assure the well-being and safety of your child at school, and to foster your child's self-management of diabetes.

Parents/guardians are responsible for providing the following:

- Maryland State Diabetes Medical Management Plan (DMMP)/Health Care Provider Order form, completed by your child's medical provider, including orders for:
 - o Insulin dosing
 - o Glucose monitoring
 - o Hypoglycemia management, including Glucagon
 - o Hyperglycemia management
 - o Exercise, sports and bus transportation
 - Disaster Plan
- Diabetes Questionnaire. Please complete and return to the Health Room to assist in determining diabetes needs.
- Authorization to Administer Prescribed Medication Form (MCPS 525-13). Parent/guardian completes and signs Part I only.
- Diabetes supplies, equipment and medications, including:
 - o Glucometer and testing strips
 - Ketone testing strips
 - o Snacks and fast acting carbohydrates such as juice or glucose tabs.
 - o Medications, including insulin and Glucagon. Medications must include original pharmacy labels.
 - O Students receiving insulin at school require at least one of the following:
 - Vial and insulin syringes
 - Insulin pen refills or additional insulin pens if using disposable pens
 - Pump supplies, including alternate insulin delivery method (vial and syringe or insulin pen).
 - User manuals or links to on-line user manuals for diabetes related equipment such as glucometers, insulin pumps and continuous glucose monitors.

Throughout the school year parents/guardians should consult and work with health room staff at your child's school. It is important to:

- Notify the school health team of any changes in the management of your child's diabetes.
- Let the school nurse know if your child is participating in school-sponsored events and activities.
- Understand that information will be shared with school staff on an as needed basis to ensure your child's safety.

Please return completed forms, supplies and medications to the Health Room. Please call if you have any questi	u have any questions	Please call if you	Health Room.	medications to the	supplies and	npleted forms.	Please return
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Sincerely,	
School Community Health Nurse	Telephone

Enclosures: Maryland Diabetes Medical Management Plan (DMMP)/Health Care Provider Order Form

Authorization to Administer Prescribed Medication Form (MCPS 525-13)

Diabetes Questionnaire

Montgomery County DHHS Authorization to Release/Receive Information

Montgomery County Department of Health and Human Services School Health Services

Student's age at diagnosis:	Diabetes Questionnair	re: Please comp	lete and return	to the Health Ro	om at your sti	ıdent's school	•
Transportation to/from school: car rider bus walker drives self Preferred Contact Person Relationship Preferred contact: phone, e-mail or notes Student's age at diagnosis: Last diabetes appt: Medical alert ID Y N Meals and snacks (snacks need to be provided by the family). Breakfast at school Bringing lunch Buying lunch Regular snacks & time:	Student Name:		DOB:			CPS ID#:	
Student's age at diagnosis: Last diabetes appt: Medical alert ID	School Name:	chool Name:Parent/Guardian:Date:					_Date:
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Meals and snacks (snacks need to be provided by the family). Breakfast at school Bringing lunch Buying lunch Regular snacks & time: What would you like done about birthday treats and/or party snacks? Low Blood Sugar (Hypoglycemia) and High Blood Sugar (Hyperglycemia) How often does your student typically have low blood sugar? Daily Weekly Monthly When does your student typically have low blood sugar? Mid-morning Lunch Afternoon After exercise What are usual symptoms of low blood sugar? (circle all that apply) Hungry Headache Tired Fast Heartbeat Irritable Shaky Blurred Vision Flushed Can't concentrate Spacing Out Weak Sweaty Hot Behavior changes Poor Coordination Dizzy Clammy Anxious Tingly around lips Does your student recognize low blood sugar? V N What do you usually do to treat low blood sugar? Be specific about exact amount of food/beverage used. All supplies needed for school must be provided by the family. In the past year, has your student been treated for severe low blood sugar? V N Health care provider's office Emergency room Overnight in hospital In the past year, has your student been treated for severe high blood sugar/diabetic ketoacidosis? V N Health care provider's office Emergency room Overnight in hospital Diabetes Skills Dependent Done by Adult Does with Help Does Alone Blood glucose testing Overnight in hospital Diabetes Skills Dependent Done by Adult Does with Help Does Alone Blood glucose donitoring Insulin dose calculations Can't concentrate Space Can't concentrate Comments Done by Adult Does Mittleft Does Alone Comments Blood glucose donitoring Carbohydrate counting Continuous Glucose Monitoring Carbohydrate counting Carb			notes				
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Testing ketones						
Has your student received diabetes educati	on?	health care provide	☐ At diabetes camp			
Please add anything else you would like school personnel to know about your student's diabetes. Include medications for other						
health conditions.						