Covina-Valley Unified School District

Parent Consent and Physician Authorization

For Management of Diabetes at School and School Sponsored Events

Self-Care: Total Care Supervision Independent Can student give own injection? Y N Can student draw correct dose of insulin? Y Can student calculate amount of insulin? Y N Can student self administer insulin? Y Insulin at School: Type of bolus insulin: Administer insulin bolus: Before breakfast Before AM snack Before Lunch Other Insulin correction may be administered as often as every hours if needed. Blood Glucose Monitoring Target range for blood glucose: Mefore lunch As needed Other Student wears Continuous Glucose Monitor: Yes No Sliding Scale AM snack Blood Glucose from to = units Lunch Blood Glucose from to = units Blood Glucose from to = units Lunch Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units Lunch Breakfast Lunch Blood Glucose from to = units Before AM snack Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units Before AM snack Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units Breakfast Lunch Blood Glucose from to = units	
Type of bolus insulin:	
Target range for blood glucose:mg/dL tomg/dL Check blood glucose: Before lunch As needed Other Student wears Continuous Glucose Monitor: Yes No Sliding Scale AM snack Blood Glucose fromtounits Lunch Blood Glucose fromto =units Blood Glucose fromto =units Blood Glucose fromto =units Blood Glucose fromto =units Blood Glucose fromto =units Blood Glucose fromto =units Blood Glucose fromto =units Disaster/Lock down Protocol: Time of Day Humalog/Novolog NPH Lantus Breakfast Dinner	
AM snack Blood Glucose from	
Time of Day Humalog/Novolog NPH Lantus Breakfast Lunch Dinner	
Breakfast Lunch Dinner	
Lunch Dinner	
Dinner	
Bedtime	
Emergency Supplies: 1. Prescribed medications for at least 3 days 2. Glucagon and urine ketostix Check blood glucose every 4 hours and give correction dose 4. Emergency syringes if using pump Check blood glucose every 4 hours and give correction dose	
Students on a Basal-Bolus Insulin Regimen with Multiple Daily injections (MDI) N/A On this regime students need to have insulin given every time carbohydrates are eaten. ■ Bolus: Type of Insulin Insulin & Syringes Insulin pen Insulin pum; ■ Insulin Carbohydrate ratio: units per grams of CHO ■ Correction Dose: unit per points of blood glucose above Disaster/Lockdown Protocol: Basal insulin Dose	ump
Students with Insulin Pump Type of insulin in pump: Basal rates: Time Dose Student programs dose manually uses bolus wizard/calculator Time Dose Dose Dose	
 Type of infusion set: grams CHO for breakfast grams CHO for breakfast grams CHO for lunch Correction Dose: 1 unit of insulin will decrease blood glucose mg/dL For technical support, call the pump company number on the back of the pump. For clinical support, call the clin If unable to administer insulin by pump check blood glucose every 4 hours and give correction via syringes or insulin pen according to the correction dose above in addition to insulin for carbohydrates. 	clinic.

Covina-Valley Unified School District

Parent Consent and Physician Authorization For Management of Diabetes at School and School Sponsored Events

For Management of Diabetes at School and School Sponsored Events

Disaster/Lockdown Protocol Maintain basal rates as above	with the meal and co	rrection bolus as needed	L	
Exercise and Sports				
The student may participat	te in sports:	Yes	No	
Activity Restrictions:	None	Other:		
Fast-acting carbohydrates Student should not exercis				•
Hypoglycemia				
1. If below 70 mg/o sugar.	dl treat with 4 oz. j	uice, 4-6 oz. regular s	oda, 4 glucose tal	olets, 1 tube of glucose gel, or 1 Tablespoon
		nent if blood sugar is s		
		ur away, give one of t	_	nins after juice:
15 g	grams CHO	7 grams of CH	Ю	
If student is unable to swa	llow or has lost cor	sciousness CALL9	11 AND administ	er:
Glucagon Intramuse			1 mg	
2. Contact parent and	-	C		
Hyperglycemia				
1. If above 350 mg/dl, hav	e the student wash	hands and re-check b	lood sugar	
2. If blood sugar still abov			100d bagai	
3. Give insulin for correcti				
4. Give extra water as tole				
5. If ketones negative, trac	e or small AND wi	thout symptoms of ill	ness, may resume	e normal activity
6. If ketones moderate or l	-		Guardian pick up s	student
7. Notify Physician when		_		
8. Call 911 for any heavy l	breathing, severe v	omiting, increased sle	epiness or depres	sed level of consciousness
service for the Managemer 4942.5. I authorize the sch a copy of my child's comp 1. Provide the nece 2. Notify the school	ent/guardian of the nt of Diabetes in so sool nurse to comm leted Individual So essary supplies and of nurse if there is a	hool be administered unicate with the phys shool Healthcare Plan equipment change in student's h	t, request that the to my(our) child ician when necess (ISHP). I will:	following specialized physical health care in accordance with Education Code Section sary. I understand that I will be provided with
Parent/Guardian Signatu	ıre:			Date:
	des authorization foi ion 49423.5. I unde	erstand that specialize	rders. I understan d physical health	d that all procedures will be implemented care services may be performed by
_			-	
				Date:
Address:			City:	Zip:
Phone:				Date:
Received by School Nurs	e (Signature):			Date:
	· • · · · · · · · · · · · · · · · · · ·			