

SUMTER COUNTY SCHOOLS - SCHOOL HEALTH SERVICES

DIABETES - PARENT INTERVIEW GUIDE

Please complete this form with as much accurate information as possible. The information provided is used to develop an individualized health care plan for your child to promote a safe environment with a goal to maintain optimal health. Important: Include correct numbers where you can be reached.

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Age: _____ Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____ Phone #1: _____

_____ Phone #2: _____

Emergency Contacts: _____ Phone #1: _____

_____ Phone #2: _____

Prescribing Doctor: _____ Phone: _____

_____ Fax: _____

Preferred Hospital: _____ Allergies: _____

1. Medical diagnosis: _____

2. How long has this condition existed? _____

3. Does your child take insulin? _____ If yes, what type? _____

4. Does your child monitor his/her blood sugar? _____

If yes, how often and when? _____

5. Target range for blood glucose: _____

6. What are your child's most common symptoms of low blood sugar? *(Check all that apply)*

Weakness Sweating Irritability Shakiness Dizziness

Slurred speech Confusion Sleepiness Seizures

Other: _____

7. What are your child's most common symptoms of high blood sugar? *(Check all that apply)*

Fatigue Increased thirst Frequent urination Dry mouth Headache

Weakness Confusion Blurred vision Abdominal pain Nausea/vomiting

Other: _____

8. What medication(s) does your child take at home? _____

9. What medication(s) does your child take at school and when? _____

10. Is your child on a special diet? _____

11. Would you say your child has a poor, average, or good understanding of how to deal with his/her diabetes?

12. Any other information or special instructions? _____

As parent/guardian by signing this form, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.

Parent signature

Please Print name

Date