



# Special Instruction Form for Glucose Monitoring

This form was jointly developed by the American Diabetes Association, the Juvenile Diabetes Foundation and the Saint Paul Public School District

Pupil	Birthdate
Home Address	Home Telephone
Parent/Guardian	Daytime Phone #
Parent/Guardian	Daytime Phone #
School	Grade

The purpose of this form is to determine the most appropriate method of performing glucose monitoring, a crucial tool in effective management of diabetes. It is important that glucose testing be done in a safe manner which allows the student to achieve the highest possible sense of self-control, self-esteem and self-reliance.

It is understood that different families will have different needs related to glucose monitoring. Therefore, the following guidelines should be established by families in consultation with their endocrinologist or family physician.

**These instructions must be renewed at least annually.**

This student will perform glucose monitoring in the following manner:

- Independently (in the classroom or other appropriate location(s))
- With assistance of the school nurse or nurse delegate (in the classroom or other appropriate location(s))
- Administered or supervised by school nurse, in nurse's office
- Special Instructions


The plan of action for implementing the above will be developed by the parent/guardian, student and school nurse.

Time of monitoring:

- When deemed necessary either by student or school nurse
- Specific Times(s): \_\_\_\_\_

Notify Parents and Physician Under the Following Circumstances:

- Severe low blood glucose reaction not responding to treatment within 1/2 hour
- Blood glucose levels above 300 for 3 days in a row (if student is not monitoring independently)
- Other circumstances as described:


Signed:

Endocrinologist/Physician Signature	Address and Telephone
Date	

In an acute emergency, student will be transported by ambulance to the hospital. Transportation in non-acute situations is the responsibility of the parent/guardian. Any charges incurred are the responsibility of the parent/guardian.

I authorize reciprocal release of information between the school nurse and the physician.

Signed:

Parent/Guardian	Date
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