

Student's Last Name

First

Middle

Birth date (MM-DD-YY)

Grade/Rm/Trk

School Year

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH DIABETES

To School Personnel: The information below has been completed by the School Nurse from an authorization signed by the student's Medical Provider. Please review this card and initial the appropriate column below.

Special considerations: Bathroom privileges as needed, ability to eat snacks provided by parent in classroom and drink water as needed; may need an additional snack prior to exercise or physical education class.

BLOOD GLUCOSE TESTING

Blood sugar testing performed in: [] Health Office [] Classroom [] Other
Testing done by: [] Student [] Student with supervision [] Designated trained personnel [] Other
Blood glucose testing is to be done: [] *For symptoms of low blood sugar [] Before lunch
[] Other

* Symptoms of low blood sugar are headache, hunger, sweating, fatigue, trembling, personality changes, pale appearance, inability to concentrate, blurred vision, other

STUDENTS WHO TEST INDEPENDENTLY ARE TO NOTIFY THE TEACHER and/or TRAINED SCHOOL PERSONNEL FOR BLOOD GLUCOSE BELOW 70 or ABOVE (See licensed health care provider orders in the Protocol Book)

FIRST AID FOR LOW BLOOD SUGAR: STUDENT NEEDS ADULT ASSISTANCE AND SUPERVISION

- If blood glucose is less than 70, or has symptoms of low blood sugar give:
[] 1/2 cup fruit juice or regular soda or # Glucose tabs or [] Glucose gel (15 grams)
If student is unable or refuses to swallow, CALL FOR ASSISTANCE from school personnel trained by the School Nurse and REQUEST 911 be called and contact Parent/Guardian.

FIRST AID FOR SEVERE LOW BLOOD SUGAR: (child is unconscious or having seizures)

- Glucagon administration: [] YES [] NO Location of Glucagon
Turn child on their side and CALL FOR ASSISTANCE from school personnel trained by the School Nurse and REQUEST 911 be called and contact Parent/Guardian.

* Symptoms of high blood sugar are thirst, nausea, vomiting, lethargy, rapid breathing and dry flushed skin.
Student tests for ketones: [] YES [] NO

Student has licensed health care provider orders for insulin at school: [] NO [] YES: [] Dose before lunch
[] Insulin pen [] Continuous pump [] Other
[] Student self administers insulin [] Insulin administered by School Nurse [] Other

Table with 8 columns: Period, Teacher, Initial, Date for First Semester and Second Semester. Rows include 1-7, Home Room, Administrator, Counselor, and Other.