

Parent Request re:
Diabetes Self-Care

Student Name	
Date of Birth	
School/Teacher	
Student's Treating Physician	

Revised Code 3313.7112(B)(1) provides that the board of education of a city school district shall ensure that each student enrolled in the district or school who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating physician. This care includes:

- checking and recording blood glucose levels and ketone levels or assisting the student with checking and recording these levels;
- responding to blood glucose levels that are outside of the student's target range;
- in the case of severe hypoglycemia, administering glucagon and other emergency treatments as prescribed;
- administering insulin or assisting the student in self-administering insulin through the insulin delivery system the student uses;
- providing oral diabetes medications;
- understanding recommended schedules and food intake for meals and snacks in order to calculate medication dosages pursuant to the student's physician's order;
- following the student's physician's instructions regarding meals, snacks, and physical activity; and
- administering diabetes medication, subject to certain conditions included in R.C. 3313.7112(C).

However, a student with diabetes, upon written request by the student's parent, guardian, or other person having care or charge of the student and upon authorization by the student's treating physician that the student is capable of performing diabetes care tasks, shall be permitted to attend to the care and management of the student's diabetes in accordance with the student's physician's order during regular school hours and school-sponsored activities.

I, _____, the parent, guardian, or other person having lawful care and/or charge of the above-mentioned student, hereby request that the above-mentioned student be permitted to attend to the care and management of the student's diabetes as set forth above, in accordance with, and subject to any limitations contained in, R.C. Chapter 3313 and Board of Education Policy 5336. Please check one of the following:

- I am also providing authorization from the student's treating physician with this request.
- I will provide authorization from the student's treating physician separately. I further understand and acknowledge that diabetes self-care will not be permitted during regular school hours and school-sponsored activities until authorization is received by the District.

Students authorized to perform diabetes self-care shall be permitted to perform diabetes care tasks in a classroom, in any area of the school or school grounds, or at an school-related activity. In addition, please also check one of the following:

- I am requesting the above-mentioned student shall also have access to a private area for performing diabetes care tasks.

- I am not requesting that above-mentioned the student have access to a private area for performing diabetes care tasks.

Signature

Date

Daytime Telephone