

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School District: \_\_\_\_\_ School: \_\_\_\_\_ Fax: \_\_\_\_\_  
Physical Condition:  Type 1 Diabetes  Type 2 Diabetes  MODY  other: \_\_\_\_\_

**Routine Management:** Blood Sugar Range for School: \_\_\_\_\_ to \_\_\_\_\_

**Testing Supervision Required:**

- Trained personnel must perform blood sugar test
- Trained personnel must supervise blood sugar test
- Student can perform testing independently
- Please provide parent w/BG #'s weekly
- No blood sugar testing required at this time
- May use CGM result instead of fingerstick if BG >70 or <300

**Required Blood Sugar Testing at School:**

- Before Breakfast  Before AM snack
- Before Lunch  Before PM snack
- For suspected hypoglycemia
- At student's discretion
- Other times: \_\_\_\_\_

**Note:** Always test for suspected hypoglycemia---Treatment for lows must accompany student on all excursions

**Student's Competency with Administration:**

- RN/LVN or designated adult must give all insulin injections
- Student may determine insulin dose  with or  without supervision
- Student may measure insulin  with or  without supervision
- Student may inject insulin  with or  without supervision

**Note: Supervision should be the RN/LVN or who s/he has designated.**



- Student may carry supplies for BG monitoring
- Student may carry supplies for insulin administration
- Student may test in classroom
- Student may inject in classroom

**Mild Hypoglycemia:**  BG <70 mg/dl or  BG < \_\_\_\_\_ mg/dl

**NOTE:** Student must never be alone when hypoglycemia is suspected and should be treated on site.

Examples of 15 grams of fast acting glucose: 3 glucose tablets 2 packages of "Smarties"  
4 oz. of regular juice 4 oz. of regular soda

1. Give  15 grams or  \_\_\_\_\_ grams of fast acting glucose and recheck in 10-15 minutes
2. If still hypoglycemic, treat again with same dose of glucose and recheck at same interval until normal.  
**NOTE: IF STILL HYPOGLYCEMIC AFTER 3 TREATMENTS, NOTIFY PARENTS.**
3. Once blood sugar is above 70 mg/dl or \_\_\_\_\_ mg/dl, provide 15 grams extra carbohydrate and protein snack (e.g., peanut butter & crackers or cheese & crackers) if next meal is not scheduled within 1 hour

**Moderate Hypoglycemia:** If student is conscious but unable to effectively drink fluids offered:

1. Administer 15 grams of glucose gel between cheek and gum with head elevated. Encourage student to swallow. **NOTIFY PARENTS.**
2. Recheck in 10 minutes.
3. If still hypoglycemic repeat above.
4. Once blood sugar is above 70 mg/dl or \_\_\_\_\_ mg/dl, provide 15 grams extra carbohydrate and protein snack (e.g., peanut butter & crackers or cheese & crackers) if next meal is not scheduled within 1 hour

**Severe Hypoglycemia:** Seizure, unconscious, combative, or unable to swallow

1. Call 911 and ensure open airway
  2. Give Glucagon Injection IM  0.5 mg  1.0 mg /  Baqsimi nasal glucagon 3mg /  Gvoke  0.5mg  1mg  
 N/A per diagnosis  
 N/A per parent request
- Parent Initials:** \_\_\_\_\_

Original to Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed Mailed

Continuation of Healthcare Provider Authorization

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Hyperglycemia:** Intervene if BG is > 300 mg/dl and provide extra water

If BG is > 300 mg/dl, check  urine  blood for ketones

If no ketones present and student feels okay:

- Send back to class
- Allow regular routine

If trace-small ketones present and student feels okay:

- Encourage water
- Send back to class
- DO NOT ALLOW EXERCISE

If moderate-large ketones:

- Follow correction scale as indicated under "Insulin Orders"
- Encourage water
- Call parents for pick up
- DO NOT ALLOW EXERCISE

**If no ketone strips at school**

- Encourage water
- Call parents for pick up if child does not feel well
- If child feels okay, call parents to notify and request ketone strips, student may return to class
- **DO NOT ALLOW EXERCISE**

**Bus Transportation/Field Trips:**

- Blood glucose test not required prior to boarding bus
- Test blood sugar 10-20 minutes before boarding bus and treat as indicated
- Always take meter and treatment for lows

**Insulin Orders:**

No insulin at school at this time     Insulin at School as indicated below:

Short-Acting Insulin:  Humalog     Novolog     Apidra     NPH     Other: \_\_\_\_\_

Long-Acting Insulin:  Lantus     Levemir     Tresiba     Basaglar     Other: \_\_\_\_\_

Note: OK to mix Lantus with Humalog or Novolog

Insulin times and CHO ratios at school (i.e., 1:15 means 1 unit of insulin for every 15 grams of CHO)

Breakfast \_\_\_:\_\_\_     AM snack \_\_\_:\_\_\_     Lunch \_\_\_:\_\_\_     PM Snack \_\_\_:\_\_\_     Any Times CHOs Eaten \_\_\_:\_\_\_

Correction dose:     \_\_\_unit(s) of insulin lower(s) the blood sugar \_\_\_\_\_mg/dl

Use this scale for blood sugars >\_\_\_:

Correction scale:    Blood sugar from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units  
Blood sugar from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units  
Blood sugar from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units  
Blood sugar from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units  
Blood sugar from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

UP TO 500

- O.K. to add correction to routine insulin dose
- Don't give correction dose more frequently than every 3 hours
- Glucometer reading of "HI" or "HIGH" is at least 500mg/dl

CONTINUED ON NEXT PAGE

Continuation of Healthcare Provider Authorization

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Note: Parents are not allowed to verbally change orders with the school nurse, nor can they give orders to their child unless they are independent in all diabetes competencies. If they want to dose other than orders above, they need to go to the school themselves and administer insulin or ask the provider to re fax new orders.

Meal Plan:

- Student needs assistance with counting carbohydrates
- Student is independent with counting carbohydrates
- OK to eat \_\_\_g. CHO with no insulin at \_\_\_\_\_
- Parents will send food from home with carbohydrates labeled
- Grams of carbohydrates for:  am snack \_\_\_\_\_  lunch \_\_\_\_\_  other \_\_\_\_\_  N/A

Disaster Plan: In the event of a disaster have on hand Lantus/Levemir insulin, syringes, snacks, water, fast acting glucose.

The following are the orders:

Check blood glucose every 4 hours and follow routine care for hypoglycemia or hyperglycemia

- Give Lantus/Basaglar/Tresiba @ \_\_\_\_\_, \_\_\_\_\_ units\*  
(time), (amount)

\*Emergency personnel may give insulin if RN is not present

- Lantus/Basaglar/Tresiba at school is for disaster only

\_\_\_\_\_ I waive the right to have emergency insulin at school  
(parent initial)

Authorized Health Care Provider Authorization for Management of Diabetes at School

My signature below provides authorization for the above written order, including administration of Glucagon or Basqimi. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one school year. If changes are indicated, I will provide new written authorization (may be faxed).

Choc Endocrinology Department: Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

1201 W. La Veta Ave., Orange, CA 92868 Phone # (714) 509-8634 Fax # (855) 246-2329

Parent Consent for Management of Diabetes at School

I (We), the parent/guardian of the above-named student request that the following for Management of Diabetes in school be administered to our child in accordance with state laws and regulations.

- I will:
1. Provide the necessary supplies and equipment
  2. Notify the school nurse if there is a change in the student health status or change of physician
  3. Notify the school nurse immediately and provide new consent for any changes in doctor's orders

I authorize the school nurse to communicate with the Authorized Health Care Provider when necessary. I understand that I will be provided a copy of my child's completed Individual School Healthcare Plan (ISHP)

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_

CHOC RN Initial \_\_\_\_\_

**FOR PUMPERS**

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School District: \_\_\_\_\_ School: \_\_\_\_\_ Fax: \_\_\_\_\_  
Physical Condition:  Type 1 Diabetes  Type 2 Diabetes  MODY  other: \_\_\_\_\_

**Testing Supervision Required:**

- Trained personnel must perform blood sugar test
- Trained personnel must supervise blood sugar test
- Student can perform testing independently
- Please provide parent w/BG #'s weekly
- No blood sugar testing required at this time
- May use CGM result instead of fingerstick if BG >70 or <300.

**Required Blood Sugar Testing at School:**

- Before Breakfast  Before AM snack
- Before Lunch  Before PM snack
- For suspected hypoglycemia
- At student's discretion
- Other times: \_\_\_\_\_

**Note:** Always test for suspected hypoglycemia  
Treatment for lows must accompany student on all excursions  
Correct out-of-range BGs if pump indicates a correction is indicated

**Student's Competency with Administration:**

- RN/LVN or designated adult must operate insulin pump
- Student may operate insulin pump independently
- Student must be supervised for pump therapy
- Student may determine insulin dose  with or  without supervision
- Student may measure insulin  with or  without supervision
- Student may inject insulin  with or  without supervision
- Student may carry supplies for BG monitoring
- Student may carry supplies for insulin administration

**Note:** Supervision should be the RN/LVN or who s/he has designated.

X

- Student may test in classroom
- Student may inject in classroom

**Mild Hypoglycemia:**

Student must never be alone when hypoglycemia is suspected and should be treated on site.

Examples of 15 grams of fast acting glucose: 3 glucose tablets, 2 packs of "Smarties", 4 oz. Regular juice or soda

If not a meal time and BG <70 mg/dl or BG < \_\_\_\_\_ mg/dl:

- Give  15 grams or  \_\_\_\_\_ grams of fast acting glucose with NO BOLUS and recheck in 10-15 minutes.
- If still hypoglycemic, treat again with same dose of glucose and recheck at same interval until >70mg/dl or \_\_\_\_\_ mg/dl

NOTE: IF STILL HYPOGLYCEMIC AFTER 3 TREATMENTS, NOTIFY PARENTS.

- Once blood sugar is above 70 mg/dl or \_\_\_\_\_ mg/dl, provide 15 grams or \_\_\_\_\_ grams of complex carbohydrate and protein snack (i.e. peanut butter/crackers or cheese/crackers) and NO BOLUS if next meal is not scheduled within 1 hour.

If low occurs at meal time and BG <70 mg/dl or BG < \_\_\_\_\_ mg/dl:

- Give  15 grams or  \_\_\_\_\_ grams of fast acting glucose with NO BOLUS and recheck in 10-15 minutes.
- If still hypoglycemic, treat again with same dose of glucose and recheck at same interval until normal.

NOTE: IF STILL HYPOGLYCEMIC AFTER 3 TREATMENTS, NOTIFY PARENTS.

- Once blood sugar is above 70 mg/dl or \_\_\_\_\_ mg/dl, enter amount of carbohydrates for meal.

Continuation of Healthcare Provider Authorization for Pumpers

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Moderate Hypoglycemia:** If student is conscious but unable to effectively drink fluids offered:

Administer 15 grams of glucose gel between cheek and gum with head elevated. Encourage student to swallow.

NOTIFY PARENTS.

Recheck in 10 minutes.

If still hypoglycemic repeat above.

Once blood sugar is above 70 mg/dl or \_\_\_\_\_ mg/dl, provide 15 grams extra carbohydrate and protein snack (i.e. peanut butter and crackers or cheese and crackers) if next meal is not scheduled within 1 hour.

**Severe Hypoglycemia:** Seizure, unconscious, combative, or unable to swallow

1. Call 911 and ensure open airway

2. Give Glucagon Injection IM  0.5 mg  1.0 mg /  Baqsimi nasal glucagon 3mg /  Gvoke  0.5mg  1mg

N/A per diagnosis

N/A per parent request **Parent Initials:** \_\_\_\_\_

**Hyperglycemia:** Intervene if BG is > 300 mg/dl and provide extra water

If BG is > 300 mg/dl, check  urine  blood for ketones

If no ketones present and student feels okay:

Send back to class

Allow regular routine

If trace-small ketones present and student feels okay:

Encourage water

Send back to class

DO NOT ALLOW EXERCISE

If moderate-large ketones:

Follow correction scale as indicated under "Insulin Orders"

Encourage water

Call parents for pick up and/ or site change

DO NOT ALLOW EXERCISE

**If no ketone strips at school**

- Encourage water
- Call parents for pick up if child does not feel well
- If child feels okay, call parents to notify and request ketone strips, student may return to class
- **DO NOT ALLOW EXERCISE**

**Bus Transportation/Field Trips:**

Blood glucose test not required prior to boarding bus

Test blood sugar 10-20 minutes before boarding bus and treat as indicated

Always take meter and treatment for lows

**Insulin Pump Orders:**

**Brand Name of Insulin:**  Humalog  Novolog  Apidra  Other: \_\_\_\_\_

(May vary according to insurance formulary)

Insulin times at school:  Breakfast  AM snack  Lunch  PM Snack  Any Time Carbohydrates Are Eaten

Original to Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed

Mailed

*Continuation of Healthcare Provider Authorization for Pumpers*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insulin administered via pump:

See attached pump settings

Insulin dose:

Breakfast: Insulin to carbohydrate ratio: \_\_\_\_\_ unit insulin for every \_\_\_\_\_ grams of carbohydrate

AM snack: Insulin to carbohydrate ratio: \_\_\_\_\_ unit insulin for every \_\_\_\_\_ grams of carbohydrate

Lunch: Insulin to carbohydrate ratio: \_\_\_\_\_ unit insulin for every \_\_\_\_\_ grams of carbohydrate

PM snack: Insulin to carbohydrate ratio: \_\_\_\_\_ unit insulin for every \_\_\_\_\_ grams of carbohydrate

Correction dose:  Give \_\_\_\_\_ unit insulin for every \_\_\_\_\_ mg/dl above \_\_\_\_\_ mg/dl

O.K. to add correction to routine insulin dose

Use bolus calculator on pump to determine dose

NOTE: Glucometer reading of "HI" or "HIGH" is at least 500mg/dl.

**Note: Parents are not allowed to verbally change orders with the school nurse, nor can they give orders to their child unless they are independent in all diabetes competencies. If they want to dose other than orders above, they need to go to the school themselves and administer insulin or ask the provider to refax new orders.**

**Meal Plan:**

Student needs assistance with counting carbohydrates

Student is independent with counting carbohydrates

OK to eat \_\_\_\_\_g. CHO with no insulin at \_\_\_\_\_

Parents will send food from home with carbohydrates labeled

Grams of carbohydrates for:  am snack \_\_\_\_\_  lunch \_\_\_\_\_  other \_\_\_\_\_  N/A

**Disaster Plan:**

\*Emergency personnel may give insulin if RN is not present

On Pump Therapy

**Authorized Health Care Provider Authorization for Management of Diabetes at School**

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Choc Endocrinology Department: Physician Signature  Date \_\_\_\_\_

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I authorize the school nurse to communicate with the Authorized Health Care Provider when necessary. I understand that I will be provided a copy of my child's completed Individual School Healthcare Plan (ISHP)

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_

Rev 3/8/19, 6/15/2020

**CHOC RN Initial \_\_\_\_\_**