

School Diabetes Care Authorization Form

Student Information

Student Name

Date of Birth

School Name

Grade

Teacher

Parent/Guardian Information

Parent/Guardian Name

Phone

Email

Physician Information

Physician Name

Physician Phone

Diabetes Care Details

Type of Diabetes

Medications/Insulin (List)

Blood Glucose Monitoring Instructions

Treatment of Low/High Blood Glucose

Dietary Considerations/Meal Plan

Physical Activity Guidelines

Additional Information / Special Instructions

Authorization

I authorize the school staff to provide care as indicated above and to communicate with my child's healthcare provider as needed.

Parent/Guardian Signature

Date

Physician Signature

Date