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Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

BOARD OF EDUCATION: John Cervantes • Andrew Cruz • Jonathan E. Monroe • James Na • Sonja Shaw • SUPERINTENDENT: Norm Enfield, Ed.D.

Diabetic Health History

Student Name _____ School _____ Grade _____

Date of birth _____

Parent name _____ /contact # _____

Parent name _____ /contact # _____

ER contact name _____ /contact# _____

MD _____ /contact # _____

How old was your student when they were diagnosed? _____ ☐ Type 1 ☐ Type 2

What is your student's current Hgb A1C? _____

Does your student wear a CGM? ☐ yes ☐ no If yes, what type _____

What are the parameters set at: low _____ and high _____?

Does your student wear an insulin pump? ☐ yes ☐ no.

If yes, what type? _____

If no, does your student draw up insulin or use a pen? _____

What are your student's symptoms when they are hypoglycemic? _____

How often does your student have hypoglycemic events? _____

Have you ever used glucagon on your student? ☐ yes ☐ no If yes, when _____

Has your student ever been hospitalized for diabetes? ☐ yes ☐ no If yes, when _____

What are your student's symptoms when they are hyperglycemic? _____

Does your student participate in after school activities? ☐ yes ☐ no If yes, please describe _____

Lunch: ☐ will send ☐ school lunch Does your student ride the bus? ☐ yes ☐ no

What hypoglycemic snacks/juice will you be sending? ☐ glucose tabs ☐ juice ☐ smarties ☐ _____

What protein snacks will you be sending? _____

As a reminder, physician's orders are required at the beginning of every school year. Parents are responsible for providing all supplies to the health office.

Parent signature

Date