



Form Date: _____

Student Name:	Grade Level:	
DOB:	Age:	
Guardian #1:	Relationship:	Phone:
Guardian #2:	Relationship:	Phone:
Emergency Contact #1:	Relationship:	Phone:
Emergency Contact #2:	Relationship:	Phone:
Physician:	Physician Phone:	

Assessment Data (Check if Applicable)

Diabetes Orders Received Date:	Diabetes Plan Received Date:
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Family Resources

1. Primary Contact	4. Has Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Type of Contact:	5. MD Follow-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Utilizes Community Resources: <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Specific Information:

Attendance Issues:	Student's Strengths:
School: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Has developed age-appropriate self-management skills
Classroom: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good problem-solving ability
	<input type="checkbox"/> Communication needs
	<input type="checkbox"/> Accepts diagnosis
	<input type="checkbox"/> Effective coping skills
	<input type="checkbox"/> Good social skills

Meal Plan:

Carb Counting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled Snacks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time:	Other:

Blood Glucose Monitoring:

Meter Type:	Testing Independently: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Exercise Plan:

Extra Carbs for PE Days: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
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Current Medications: (Home/School/Both, including OTC and Alternative Meds)

Insulin Type	Dose	Time	Delivery Method
<input type="checkbox"/> Humalog <input type="checkbox"/> Lantis <input type="checkbox"/> Novolog			<input type="checkbox"/> Pen <input type="checkbox"/> Pump <input type="checkbox"/> Syringe
Correction Dose:	units insulin per	above	.
Oral Diabetes Agents:			
Emergency Medications:	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Glucose Tablets	

**Authorization for Administration of Diabetes Management
And Care Services By Unlicensed Care Assistant**

Information to Parents: The health and safety of each student is always of paramount importance to every EMSISD employee. The District is committed to providing a high level of care to meet any special medical needs students exhibit. The 79th Texas Legislature, through House Bill 984, amended the Health and Safety Code to provide more specific requirements for the provision of diabetes management and care services to students in public schools who seek care for the student's diabetes while at school. The school, in conjunction with the parent, will develop for each student who seeks care for diabetes at school an Individualized Health Plan that will specify the diabetes management and care services the student requires at school. Traditionally, the school nurse has provided and managed any medical care students might require at school and supervises a paraprofessional working in each clinic. Under HB 984, each school also must train other employees to serve as Unlicensed Diabetes Care Assistants who can provide diabetes management and care services if a nurse is not available when a student needs such services. Such services include the administration of insulin or, in an emergency, glucagon. EMSISD has trained staff at each school to provide such services. HB 984 further specifies that the Unlicensed Diabetes Care Assistant exercised his or her judgment and discretion in providing diabetes care services and that nothing in the statute limits the immunity from liability afforded to employees under section 22.0511 of the Texas Education Code.

Under HB 984, an Unlicensed Diabetes Care Assistant may only administer diabetes care and management services if the student's parent/guardian authorizes an Unlicensed Diabetes Care Assistant to assist the student and confirms his or her understanding that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code. EMSISD protocol requires a nurse to administer insulin when the student does not self-manage.

Please check the appropriate boxes below to indicate your election whether to allow:

- 1. An Unlicensed Diabetes Care Assistant to provide services to your child;**
- 2. Self-care (with MD authorization);**
- 3. Disclosure of your child's condition.**

YES - Agreement for Services: I authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school. I understand that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.

NO, I DO NOT authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school.

YES, My child can manage his/her diabetes independently and will not seek assistance for his/her diabetes while at school – per MD order/authorization. I understand the school nurse will provide emergency care as needed. This information will be shared with school personnel as needed.

YES, I request that my child's classmates be informed that my child has diabetes, and given age-appropriate instruction regarding diabetes care, so that they understand the importance of symptoms and the types of intervention that may occur in the classroom.

Student Name:	School:
Parent/Guardian Signature:	Signature Date: