

Sumter County School Board
DIABETES PARENT HISTORY FORM

Instructions: Please return this completed form to the school health room by _____

Student's Full Name _____ Date _____

Date of Birth _____ Sex _____ School _____ Grade _____

Parent/Guardian Name _____ Phone: Home _____

Signature _____ Work _____

Physician Name _____ Phone: _____

Please provide the following information		Yes	No None
1.	When was your child diagnosed with diabetes?		
2.	Does your child use insulin? If yes, when did he/she start to use insulin?		
3.	If using insulin, does your child require frequent changes in dosage?		
4.	Does your child monitor his/her blood sugar? If yes, how often? _____ When?		
5.	Any recent hospitalizations? Date(s) _____, Reason(s) _____		
6.	Has your child ever had diabetic related seizures? If yes, please describe.		
7.	Has your child ever had any diabetic related physical illnesses or injuries? If yes, please describe.		
8.	What are the most common symptoms preceding an insulin reaction in your child?		
9.	What are the most common symptoms preceding a low blood sugar episode in your child?		
10.	What is the most likely time of day for your child to have a low blood sugar episode?		
11.	What is the most likely time of day for your child to have an insulin reaction?		
12.	Does your child wear a "MEDIC ALERT" bracelet?		
13.	Does your child experience frequent illness? If yes, please explain.		
14.	Does your child require a special diet?		
15.	Does your child follow a special diet?		
16.	Does your child require a snack for diet management?		
17.	Is it permissible for your child to have treats brought for special occasions		
18.	Is your child physically active?		
19.	Does your child have a regular exercise routine?		
20.	Does your child have a diabetic educator/manager?		
21.	May the school contact your child's diabetic educato/manager for further information?		
22.	Would you say your child's has a <input type="checkbox"/> poor, <input type="checkbox"/> average, <input type="checkbox"/> good understanding of how to deal with his/her diabetes?		
23.	Would you say your family has a <input type="checkbox"/> poor, <input type="checkbox"/> average, <input type="checkbox"/> good understanding of how to deal with your child's diabetes?		