

The Villages® Charter School
Diabetes Parent History Form
SUMTER COUNTY SCHOOL BOARD

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

Location

Date

Time

Student Information

Student's Full Name

Date of Birth

Sex

Grade

Teacher

School

Parent/Guardian Name

Phone #1

☐ HOME

☐ WORK

☐ MOBILE

Phone #2

☐ HOME

☐ WORK

☐ MOBILE

Physician Name

Phone Number

Fax Number

Preferred Hospital

Parent/Legal Guardian Signature

Parent/Legal Guardian (Print)

Date

Medical Information

When was your child diagnosed with diabetes?

Does your child use insulin? ☐ YES ☐ NO

If yes, when did he/she start to use insulin?

If using insulin, does your child require frequent changes in dosage?

Does your child monitor his/her blood sugar? ☐ YES ☐ NO

If yes, how often and when?

Any recent hospitalizations? ☐ YES ☐ NO

If yes, date(s) and reason(s).

Has your child ever had diabetic related seizures? ☐ YES ☐ NO

If yes, please describe.

Has your child ever had any diabetic related physical illnesses or injuries? ☐ YES ☐ NO

If yes, please describe.

Does your child experience frequent illness? ☐ YES ☐ NO

If yes, please describe.

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What are the most common symptoms preceding an insulin reaction in your child?

What are the most common symptoms preceding a low blood sugar episode in your child?

What is the most likely time of day for your child to have a low blood sugar episode?

What is the most likely time of day your child to have an insulin reaction?

What is your child's understanding of how to deal with his/her diabetes?

☐ GOOD ☐ AVERAGE ☐ POOR

What is your families understanding of how to deal with your child's diabetes?

☐ GOOD ☐ AVERAGE ☐ POOR

Please provide the following information	Yes	No
Does your child wear a "MEDIC ALERT" bracelet?	<input type="radio"/>	<input type="radio"/>
Does your child require a special diet?	<input type="radio"/>	<input type="radio"/>
Does your child follow a special diet?	<input type="radio"/>	<input type="radio"/>
Does your child require a snack for diet management?	<input type="radio"/>	<input type="radio"/>
Is it permissible for your child to have treats brought to school for special occasions?	<input type="radio"/>	<input type="radio"/>
Is your child physically active?	<input type="radio"/>	<input type="radio"/>
Does your child have a regular exercise routine?	<input type="radio"/>	<input type="radio"/>
Does your child have a diabetic educator/manager?	<input type="radio"/>	<input type="radio"/>
May the school contact your child's diabetic educator/manager for further information?	<input type="radio"/>	<input type="radio"/>