



Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 260.467.2862

Dear Parent/Guardian of a Student with Diabetes:

You are receiving this packet in order to help us provide the best possible school diabetes management for your child. Please pay close attention to the enclosed packet of information.

The Indiana state law regarding children with diabetes states that:

1. A new Diabetes Medical Management Plan must be signed by a physician and given to the school on or before the first day of student attendance each year.

2. All students must have all necessary supplies on or before the first day of school. See the enclosed supply list.

Please fill out and complete the attached Diabetes Medical Management Plan. Please make sure to **complete the shaded areas** of this plan. Please take this form to your child's medical appointment for the physician to complete their portion and sign. **If your child will not see the doctor prior to the first day of school, please have them mail or fax a completed plan to the school nurse.**

Please fill out and complete the attached Consent to Release Medical Information form. This form will allow your school nurse to be able to communicate with your doctor regarding your child's health needs while at school and to communicate important changes when needed.

Please fill out and complete the attached Authorization to Provide Diabetes Care form.

Please fill out and complete the attached Medication Administration form(s) for any medication that will need to be administered during school hours. Please note medication policies and procedures provided on the back of this form.

All forms must be completed and returned to the school nurse prior to your child starting school.

Contact your school nurse if you have any questions or if you would like to meet to discuss your student's individual needs.

Thank you for working with us to assist your child.

Sincerely,

School Nurse

Telephone

Date

School Fax _____