



Student Services Department
 181 Encinal Avenue, Atherton, CA 94027
 (650) 321-7140 Fax: (650) 292-2200

REQUEST FOR DIABETES MANAGEMENT HEALTH CARE PLAN

Date: _____ Check Site: Heritage Oak Laurel Encinal Oak Knoll Hillview

Student: _____ DOB: _____

Grade: _____ Teacher: _____

The Menlo Park City School District provides nursing services that promote students ability to learn. Our goals are to: 1) assist students in learning how to take care of their health; 2) ensure a safe school environment; and 3) promote good control of a student’s health condition so they are ready to learn.

Diabetes can affect a student’s ability to learn if it is not under good control. To help us meet these goals, our school nurse works with school personnel, individual students with diabetes and their families, and the student’s health care provider.

As a reminder, each year we need to have the following information for your child:

- Written diabetes management plan from your health care provider;
- Signed authorization by parent/guardian for medication and treatment at school; and
- Diabetes Questionnaire filled out by parent/guardian.

In addition, adequate supplies, as listed in the student’s diabetes management plan, must be provided at school. These may include snacks or glucose tablets to treat low blood sugar; medications; blood glucose meter, strips and supplies; ketone testing strips and supplies; and Glucagon.

PARENT CONSENT FOR DIABETES MANAGEMENT HEALTH CARE PLAN

- California Education Code, Section 49423.5 allows specialized physical health care services such as the Diabetes Management Health Care Plan (HCP) to be performed by designated school personnel under training and supervision of the School Nurse.
- I, the undersigned, who is the parent/guardian of the above named student, request that specialized physical health care services for Diabetes Management HCP be provided for my child. I will: 1) provide the necessary supplies and equipment; 2) notify the School Nurse/designated school personnel if there is a change in student health status or attending physician; and 3) notify the School Nurse immediately and provide new consents for any changes in doctor’s orders.
- This request includes authorization for the School Nurse to communicate with the physician about the medication order.

Parent/Guardian Signature _____ Date _____

PHYSICIAN CONSENT FOR DIABETES MANAGEMENT HEALTH CARE PLAN

- I have reviewed and approved the Diabetes Management HCP according to: (check one) _____ as presented to me. _____ my written modifications. _____ recommendations which I have attached.
- I understand that specialized physical health care services for Diabetes Management HCP will be performed by designated school personnel under training and supervision provided by the School Nurse.
- This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders.
- Please be advised that the service cannot be provided until medical orders have been received.

Physician Signature _____ Date _____
 Printed Physician Name _____ Phone _____
 Address _____ City _____ Zip _____

Diabetes Management Health Care Plan reviewed by:

School Nurse

Date _____