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| *Attention: Principal* | *Date:* |  |

*Attention: School Nurse*

*Dear Principal and School Nurse,*

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| --- | --- | --- | --- |
|  | *is a* |  | *year old with type 1/type 2 diabetes who will be* |

|  |  |  |
| --- | --- | --- |
| *attending school at* |  | *this year.* |
|  |  |  |

*Children with diabetes may need to test their blood sugars 2-4 times per day by poking a finger and placing the blood on a strip in a meter that then gives a number. The blood sugar tests are often done at school prior to lunch and must be done if the child is having a possible low blood sugar. These children may take insulin by injection, by an insulin pump or may take oral diabetes medication (type 2 diabetes) to control their blood sugar.*

*Children with diabetes can participate in all activities without restrictions, but they may need extra snacks to prevent low blood sugars before or during P.E. or other activities.*

*Children with diabetes may not feel well if they have low or high blood sugar. A child with a high blood sugar may require increased water intake and access to restroom facilities without embarrassing restrictions. Please refer to the school health care plan for details.*

*If you or your staff have any questions, you may contact one of our nursing staff at*

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|  | *.* |

*Sincerely,*

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|  |  |  |
| *Physician* |  | *Nursing Case Manager* |

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| --- |
|  |
| *Parent* |