

PARENTAL REQUEST
For
Individual Diabetes Care Plan
Durham Public Schools

Student: _____ Grade: _____ Birthdate: _____

Parent/Guardian: _____

Address: _____

Telephone: H () _____ W () _____

I hereby request that an Individual Diabetes Care Plan be developed and implemented for my child. I authorize the institution listed above to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by health care provider and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

Signature of Parent or Guardian

Date

Health Care Provider Information

Current Physician or Health Care Provider: _____

Address: _____

Telephone: () _____

Dear _____:

Date: _____

Your request for the development and implementation of an Individual Diabetes Care Plan for _____ (student's name) has been received. If you have questions, please contact _____ (staff member) at _____. Thank you for your request.

(staff member)