**Role of Parents/Guardians in Adjustment of Insulin Dose**

|  |  |  |
| --- | --- | --- |
| Name:  | DOB:  | Gender: 🞎 M 🞎 F |
| Teacher/HR | Grade:  | Date:  |

It is my professional judgment that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parents/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have sufficient training and experience in adjusting insulin doses they administer to their child, and therefore should be consulted regarding the adjustment of insulin doses administered by a nurse during school time hours and at school-sponsored events, to the extent reasonably practical, understanding that the nurse retains his/her professional judgment regarding the adjustment dose he/she will administer. One or more of the following are a necessary part of diabetes care for their child in school. Please refer to separate diabetes medical orders for treatment specifics.

|  |  |
| --- | --- |
| **** Yes **** No  | \*Parents/guardians, as named above, should be contacted for consultation before administering a correction dose. |
| **** Yes **** No  | Parents/guardians, as named above, are authorized to propose an increase or decrease in the correction factor within the following range: *(select one)*+/- \_\_\_ units; OR +/- \_\_\_% of the prescribed dose according to written orders. |
| **** Yes **** No  | Parents/guardians, as named above, are authorized to propose an increase or decrease in the insulin-to-carbohydrate ratio within the following range: *(select one)*1 units per prescribed +/- \_\_\_ grams of carbohydrate; OR+/- \_\_\_% of the prescribed dose according to written orders. |
| **** Yes **** No  | Parents/guardians, as named above, are authorized to propose an increase or decrease in the fixed insulin dose within the following range: *(select one)*+/- \_\_\_ units of insulin; OR +/- \_\_\_% of the prescribed dose according to written orders. |
| **** Yes **** No  | Parents/guardians, as named above, are authorized to propose an increase or decrease in the consumption of carbohydrates at any time within the following range: \_\_\_\_\_ grams of carbohydrates. |
| **** Yes **** No  | For children on insulin pumps: Parents/guardians, as named above, are authorized to propose a temporary basal rate increase or decrease by \_\_\_\_% for the duration of school time hours. |
|  | *\*If school personnel attempt to contact the parents/guardians, as named above, at the following telephone number provided by the parents/guardians ( ) \_\_\_\_-\_\_\_\_\_\_ on at least one occasion and the parents/guardians, as named above, are unable to be reached, and the school health professional determines using his/her professional judgment that treatment is necessary, the school health professional should follow the written orders provided by the health care provider, using his/her professional judgment.* |

Health Care Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print name) (signature)

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_