



HEALTH SERVICES

Irving Independent School District

Diabetes Health History Parent Questionnaire

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact the school nurse.

Student Name: _____ Date of Birth: ____/____/____

School: _____ Grade: _____

Emergency Contact Information table with columns for Parent/Guardian, Primary #, and Alternate #.

DIABETES HISTORY

- When was your child diagnosed with diabetes?
Do other family members have diabetes?
Does your child have any complications of diabetes...
What was the child's most recent HgbA1C level?
How independent is the student in managing his/her diabetes at home?

MEALS

- Will the student be eating breakfast at school?
Will the student require snacks during the school day?
Will the student be bringing their lunch from home or eating in the cafeteria?

AFTER SCHOOL CARE

- Will the student be riding the bus?
Where will the student go after school?
Will the student be participating in any extracurricular or after school activities?

ACADEMICS

- Has the student had any past academic or attendance concerns?

PSYCHOSOCIAL

- Please describe the student's living situation and family dynamics.
Do you have any concerns regarding the student's coping skills or self-esteem related to diabetes?

ADDITIONAL MEASURES/CONSIDERATIONS

- In addition to the prescribed treatment by the doctor, is there anything else the student uses or does to help manage his/her diabetes?
Are there any religious practices or preferences that may influence diabetes management while at school?



HEALTH SERVICES

Parent & Student Responsibilities & Acknowledgements
Related to Management of Diabetes at School

*this form to be renewed annually

Parent/Guardian:

I understand it is my responsibility to:

- Provide medical documentation and orders for treatment of diabetes and update with any changes.
- Communicate directly with the school nurse, preferably by phone, email, or in person.
- Communicate atypical blood glucose results at home with school nurse, as appropriate.
- Inform the school nurse of new equipment or other diabetic supplies, special situations, or treatments changes, and provide education of such if needed.
- Provide all necessary diabetic supplies (including glucometer, testing strips, lancing devices and lancets, ketone strips, insulin, syringes, glucose tablets or fast acting sugar source, snack, and any other equipment/food/drinks deemed necessary) and replace these items upon expiration or when supply is low per the school’s notification.
- Provide current working phone numbers at all times.
- Collaborate with the school team to implement and evaluate the student’s IHP and 504 plan (if applicable).

I understand that medical alert identification (such as a bracelet or necklace) is strongly encouraged to alert others to my child’s diabetes in the event of an emergency.

Regarding the use **of continuous glucose monitors (CGM)**: I understand, acknowledge, and agree to the following:

- Neither law nor policy requires the Irving ISD (IISD) to access or monitor my child’s CGM or continuously monitor my child’s glucose in any manner.
- IISD school personnel will not monitor my child’s CGM data on any district-issued or personal staff device.
- All medical treatment provided by IISD school personnel to my child for diabetes-related symptoms shall be made only after an FDA-approved finger stick and not for any reason related to my child’s CGM device that is not FDA-approved for treatment.
- CGM-based treatment decisions may be made using a device that is FDA-approved for treatment as indicated on the child’s diabetes medical management plan. I understand that school personnel will check a finger stick blood glucose to confirm the glucose level in situations where they are not confident of CGM readings.
- I understand that medications containing acetaminophen (Tylenol) can give false high CGM readings and it is my responsibility to notify the school nurse when my child has received acetaminophen (Tylenol).
- I understand that my child’s CGM requires wireless internet service and that the IISD is not responsible for any lapse in wireless internet service or any wireless “connection” issues of any kind.
- I understand that I am solely responsible for the maintenance and upkeep of my child’s CGM, including, but not limited to, ensuring proper functioning of the CGM and that any and all software and/or program updates have been completed, and that the IISD is not responsible for any functioning issues that may occur with my child’s CGM and will not use CGM readings for treatment if the device is not properly maintained and calibrated.

Parent Name & Signature: _____ **Date:** _____

Student:

I understand it is my responsibility to:

- Come to clinic before lunch for blood glucose testing and insulin administration (unless authorized by provider, parent, and IISD to provide self-care outside of the clinic).
- Understand the signs and symptoms of hypo- and hyperglycemia within reason for student’s age.
- When experiencing signs or symptoms of hypo- or hyperglycemia, seek help from the school nurse or Level III trained staff. Discuss blood glucose results in comparison with symptoms and treat blood glucose level if necessary.
- Eat all foods as planned after determining amount of lunch insulin dose.
- Notify my parent/guardian of the need for additional diabetic supplies at school.

Student Name & Signature: _____ **Date:** _____



HEALTH SERVICES

Irving Independent School District

**Authorization for Administration of Diabetes Management and Care Services
By Unlicensed Diabetes Care Assistant**

Information to Parents: The health and safety of each student is always of paramount importance to every IISD employee. The District is committed to providing a high level of care to meet any special medical needs students exhibit. To help carry out that commitment, IISD ensures that a Registered Nurse is assigned to each campus. The 79th Texas Legislature, through Houses Bill 984, amended the Health and Safety Code to provide more specific requirements for the provision of diabetes management and care services to students in public schools who seek care for the student’s diabetes while at school. The school, in conjunction with the parent, will develop for each student who seeks care for diabetes at school an Individualized Health Plan that will specify the diabetes management and care services the student requires at school. Traditionally, the school nurse has provided any medical care students might require at school. Under HB 984, each school also must train other employees to serve as Unlicensed Diabetes Care Assistants who can provide diabetes management and care services if a nurse is not available when a student needs such services. Such services include the administration of insulin or, in an emergency, glucagon. IISD has trained staff at each school to provide such services. HB 984 further specifies that an Unlicensed Diabetes Care Assistant exercises his or her judgment and discretion in providing diabetes care services and that nothing in the statute limits the immunity from liability afforded to employees under section 22.0511 of the Texas Education Code.

Under HB 984, an Unlicensed Diabetes Care Assistant may only administer diabetes care and management services if the student’s parent/guardian authorizes an Unlicensed Diabetes Care Assistant to assist the student and confirms his or her understanding that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.

Please check the appropriate box below to indicate your election whether to allow an Unlicensed Diabetes Care Assistant to provide services to your child:

- YES** Agreement for Services: I authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school. I understand that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.
- NO** I **DO NOT** authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school.
- My child can manage his/her diabetes completely independently and will not seek assistance for his/her diabetes while at school. I understand the school nurse will provide emergency care as needed. This information will be shared with school district personnel as needed.

STUDENT NAME (Please Print)

SCHOOL

Signature of Parent/Legal Guardian

Date Signed