

LETTER TO PARENTS DIABETES

TO: Parents
FROM: School Health Clinic
DATE: _____
SUBJECT: Diabetic Health Care Plan

You have told us that your child has diabetes.

The American Diabetes Association recommends that all students with Diabetes have a Diabetic Health Care Plan at school. This plan needs to be completed by your health care provider each school year. The Diabetic Health Care Plan must be signed by the health care provider and the student's parent/guardian. Some health care providers may have their own forms. These are acceptable as long as the requested information is provided and it is signed by the health care provider and the parent/guardian.

In order to provide the best care, please update us with any changes in the management of your child's Diabetes.

I will share the information with the appropriate school personnel such as the classroom teacher(s) and principal.

It is the responsibility of the parent/guardian to provide the school with all the information, materials and supplies necessary for school personnel to care for their student's diabetes at school.

Please return the enclosed plan to your plan to your child's school.

This plan may be faxed to _____.

Enclosure