**2019-2020 School Form Requests**

**Please complete the following information to help us complete your child’s school forms in an efficient manner. Please email back to pedsendotele@med.cornell.edu**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My child receives insulin via:
* Half unit pen (0.5 unit increments), ex: Humalog Kwikpen Junior, Novolog Echo pen
* Whole unit pen (1 unit increments), ex: Admelog Solostar pen, Humalog Kwikpen, Novolog Flexpen)
* Syringe
* Insulin pump (If yes, which model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. My child uses the following type of insulin for meals/corrections:
* Admelog
* Humalog
* Novolog
1. My child takes the following long-acting insulin:

|  |  |
| --- | --- |
| * Basaglar
 | * Tresiba
 |
| * Lantus
 | * Not applicable
 |
| * Levemir
 |  |

1. My child’s current insulin dosing is as follows:
* Long-acting insulin dose \_\_\_\_\_\_\_\_\_\_ Time Administered: \_\_\_\_\_\_\_\_\_\_
* Carb Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Correction Factor/Insulin Sensitivity Factor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If on an insulin pump, my child’s basal rate settings are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other insulin dosing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My child uses a CGM: Yes \_\_\_\_ No \_\_\_\_\_

If yes, which Model: Dex Com G5 \_\_\_\_ Dex Com G6 \_\_\_\_ Freestyle Libre \_\_\_\_

Medtronic Guardian\_\_\_\_

1. Does your child eat breakfast at school? Yes \_\_\_\_ No \_\_\_\_
2. My child can identify symptoms of hypoglycemia: Yes \_\_\_\_ No\_\_\_
3. My child can notify an adult when their blood glucose does not feel normal: Yes\_\_\_\_ No \_\_\_\_\_
4. If your child is entering Pre K, Kindergarten, 1st grade or 2nd grade, are you requesting a para professional? Yes \_\_\_\_ No \_\_\_\_\_

Thank you!