

NEVER SEND OR LEAVE A STUDENT WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE

Student's Name: _____ School Year: _____

School: _____ Teacher/Grade: _____ Todays Date: _____

Emergency Contact Information

Parent/Guardian: _____ Phone number: _____

____ Student is **INDEPENDENT**. They may test, treat and carry all supplies/insulin with them anywhere **WITHOUT** supervision.
 ____ Student requires **DIRECT Adult Supervision** for testing, treating and insulin administration. Supplies to be kept in clinic
 ____ Student is **SEMI-INDEPENDENT** and **MUST** have **DIRECT** supervision with insulin dosing/treatment. May test and carry all supplies anywhere including insulin.

