

Name _____ Age _____

MEDICAL CONCERNS
Diabetes

My child was diagnosed with diabetes when he/she was _____ months / years old.

My child:

- takes insulin tablets takes insulin shot is on an insulin pump
 is on a controlled diet

My child checks his/her blood sugar count during child care hours. yes no

If yes, list the times when your child's blood sugar should be checked:

What is a healthy range for your child's blood sugar count to be in? _____

What number is too low: _____ **What number is too high:** _____

List the times/amounts of insulin dosages.

Times	Units of insulin

My child takes the insulin on his/her own? yes no

***Please note: This form is for use of gathering additional information and does not replace any required licensing forms.**

Warning signs that your child's blood sugar is too LOW:	What to do if your child's blood sugar is too LOW:

Warning signs that your child's blood sugar is too HIGH:	What to do if your child's blood sugar is too HIGH:

Recommended snacks (please list food and amount per serving):

Food	Amount per serving

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