

**PARENTAL REQUEST
for
Individual Diabetes Care Plan**

_____ (school)

Student: _____ Grade: _____ DOB: _____
 Parent/Guardian: _____
 Address: _____
 City/State/ZIP: _____
 Telephone: (H) _____ (W) _____

I hereby request that an Individual Diabetes Care Plan (DCP) be developed and implemented for my child. I authorize the institution listed above to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by a health care provider, and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

- I am requesting an Individual Diabetes Care Plan.
- I am **not** requesting an Individual Diabetes Care Plan. I understand that I may change my decision at any time.

 Signature of Parent/Guardian _____
 Date

Health Care Provider Information

Current Physician or Health Care Provider: _____
 Address: _____
 City, State, ZIP: _____
 Telephone: (_____) _____

Date _____

Dear _____:

Your request for the development and implementation of an Individual Diabetes Care Plan for _____ (student name) has been received. If you have questions, please contact _____ (staff member) at _____ (phone). Thank you for your request.

 (Principal signature)