



Sample Plans and Template Letter

- **Section 504 Plan**
- **Diabetes Medical Management Plan (DMMP)**
- **Physicians Letter: Documenting Diabetes/Disability**

SAMPLE SECTION 504 PLAN

The attached sample Section 504 Plan was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF).

MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should *include only those items in the model that are relevant to that student*. Some students will need additional services and accommodations that have not been included in this model plan.]

.....

Section 504 Plan for _____

School _____

School Year: _____

_____ _____ _____ type diabetes
Student's Name Birth Date Grade Disability

Homeroom Teacher: _____

Bus Number: _____

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

REFERENCES

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003.

DEFINITIONS USED IN THIS PLAN

1. ***Diabetes Medical Management Plan (DMMP):*** A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student’s personal health care team and family. Schools must do outreach to the parents and child’s health care provider if a DMMP is not submitted by the family [**Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.**]
2. ***Quick Reference Emergency Plan:*** A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. ***Trained Diabetes Personnel (TDP):*** Non-medical school personnel who have been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse.

1. PROVISION OF DIABETES CARE

- 1.1 At least _____ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is **at all times** during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student’s insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.
- 1.2 Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.
- 1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student’s Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

2. TRAINED DIABETES PERSONNEL

The following school staff members will be trained to become TDPs by _____(date):

3. STUDENT’S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

3.1 As stated in the attached DMMP:

(a)The student is able to perform the following diabetes care tasks without help or supervision:

and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

(b) The student needs assistance or supervision with the following diabetes health care tasks:

(c) The student needs a school nurse or TDP to perform the following diabetes care tasks:

3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at:

3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the DMMP.

4. SNACKS AND MEALS

4.1 The school nurse or TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing

hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

- 4.2 The attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.
- 4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
- 4.5 The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.
- 4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

5. EXERCISE AND PHYSICAL ACTIVITY

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.
- 5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.
- 5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

6. WATER AND BATHROOM ACCESS

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.

7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS

- 7.1 The student's level of self care is set out in section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a TDP.

- 7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.
- 7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.
- 7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 7.7 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:
1. **Contact the school nurse or a TDP (if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**
 2. **Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and**
 3. **Contact the student's parent/guardian and physician at the emergency numbers provided below.**
- 7.8 School staff including physical education instructors and coaches will provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

- 8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.
- 8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia,

providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student's diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

- 9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.
- 9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.
- 9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
- 9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

10. COMMUNICATION

- 10.1 The school nurse, TDP, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.
- 10.2 Encouragement is essential. The student be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.
- 10.3 The teacher, school nurse or TDP will provide reasonable notice to parent/guardian when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and TDP at the school.

11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

- 11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMMP will remain in full force and effect.
- 11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies, and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will and receive information from parents/guardians regarding the student's diabetes care.

13. PARENTAL NOTIFICATION

13.1 *NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:*

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.
- The student's blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above _____.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunctions cannot be remedied.
- Other: _____

13.2 EMERGENCY CONTACT INSTRUCTIONS

Call parent/guardian at numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student's health care providers listed below.

EMERGENCY CONTACTS:

_____ Parent's/Guardian's Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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_____ Parent's/Guardian's Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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Other emergency contacts:

_____ Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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_____ Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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Student's Health Care Provider(s):

Name

Phone Number

Name

Phone Number

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

Approved and received:

Parent/Guardian

Date

Approved and received:

School Administrator and Title

Date

_____ --

School Nurse

Date

Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of Plan: _____ This plan is valid for the current school year: _____ - _____

Student's Name: _____ Date of Birth: _____

Date of Diabetes Diagnosis: _____ type 1 type 2 Other _____

School: _____ School Phone Number: _____

Grade: _____ Homeroom Teacher: _____

School Nurse: _____ Phone: _____

CONTACT INFORMATION

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell: _____

Email Address: _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell: _____

Email Address: _____

Student's Physician/Health Care Provider: _____

Address: _____

Telephone: _____

Email Address: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell: _____

CHECKING BLOOD GLUCOSE

Target range of blood glucose: 70-130 mg/dL 70-180 mg/dL

Other: _____

Check blood glucose level: Before lunch _____ Hours after lunch

2 hours after a correction dose Mid-morning Before PE After PE

Before dismissal Other: _____

As needed for signs/symptoms of low or high blood glucose

As needed for signs/symptoms of illness

Preferred site of testing: Fingertip Forearm Thigh Other: _____

Brand/Model of blood glucose meter: _____

Note: The fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

Independently checks own blood glucose

May check blood glucose with supervision

Requires school nurse or trained diabetes personnel to check blood glucose

Continuous Glucose Monitor (CGM): Yes No

Brand/Model: _____ Alarms set for: (low) and (high)

Note: Confirm CGM results with blood glucose meter check before taking action on sensor blood glucose level. If student has symptoms or signs of hypoglycemia, check fingertip blood glucose level regardless of CGM

HYPOGLYCEMIA TREATMENT

Student's usual symptoms of hypoglycemia (list below):

If exhibiting symptoms of hypoglycemia, OR if blood glucose level is less than _____ mg/dL, give a quick-acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 10-15 minutes and repeat treatment if blood glucose level is less than _____ mg/dL.

Additional treatment: _____

HYPOGLYCEMIA TREATMENT (Continued)

Follow physical activity and sports orders (see page 7).

- If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movements), give:
- Glucagon: 1 mg 1/2 mg Route: SC IM
- Site for glucagon injection: arm thigh Other: _____
- Call 911 (Emergency Medical Services) and the student's parents/guardian.
- Contact student's health care provider.

HYPERGLYCEMIA TREATMENT

Student's usual symptoms of hyperglycemia (list below):

Check Urine Blood for ketones every _____ hours when blood glucose levels are above _____ mg/dL.

For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose, give correction dose of insulin (see orders below).

For insulin pump users: see additional information for student with insulin pump.

Give extra water and/or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.

Additional treatment for ketones: _____

Follow physical activity and sports orders (see page 7).

- Notify parents/guardian of onset of hyperglycemia.
- If the student has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: Call 911 (Emergency Medical Services) and the student's parents/guardian.
- Contact student's health care provider.

INSULIN THERAPY

Insulin delivery device: syringe insulin pen insulin pump

Type of insulin therapy at school:

- Adjustable Insulin Therapy
- Fixed Insulin Therapy
- No insulin

Adjustable Insulin Therapy

- **Carbohydrate Coverage/Correction Dose:**

Name of insulin: _____

- **Carbohydrate Coverage:**

Insulin-to-Carbohydrate Ratio:

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example

$$\frac{\text{Grams of carbohydrate in meal}}{\text{Insulin-to-carbohydrate ratio}} = \text{_____ units of insulin}$$

- **Correction Dose:**

Blood Glucose Correction Factor/Insulin Sensitivity Factor = _____

Target blood glucose = _____ mg/dL

Correction Dose Calculation Example

$$\frac{\text{Actual Blood Glucose} - \text{Target Blood Glucose}}{\text{Blood Glucose Correction Factor/Insulin Sensitivity Factor}} = \text{_____ units of insulin}$$

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

Blood glucose _____ to _____ mg/dL give _____ units

INSULIN THERAPY (Continued)

When to give insulin:

Lunch

- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____mg/dL and _____hours since last insulin dose.
- Other: _____

Snack

- No coverage for snack
- Carbohydrate coverage only
- Carbohydrate coverage plus correction dose when blood glucose is greater than _____mg/dL and _____ hours since last insulin dose.
- Other: _____

Correction dose only:

For blood glucose greater than _____mg/dL AND at least _____ hours since last insulin dose.

Other:

Fixed Insulin Therapy

Name of insulin: _____

- _____ Units of insulin given pre-lunch daily
- _____ Units of insulin given pre-snack daily
- Other: _____

Parental Authorization to Adjust Insulin Dose:

- Yes No Parents/guardian authorization should be obtained before administering a correction dose.
- Yes No Parents/guardian are authorized to increase or decrease correction dose scale within the following range: +/- _____units of insulin.
- Yes No Parents/guardian are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____ units per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate.
- Yes No Parents/guardian are authorized to increase or decrease fixed insulin dose within the following range: +/- _____ units of insulin.

INSULIN THERAPY (Continued)

Student's self-care insulin administration skill

- Yes No Independently calculates and gives own injections
- Yes No May calculate/give own injections with supervision
- Yes No Requires school nurse or trained diabetes personnel to calculate/give injections

ADDITIONAL INFORMATION FOR STUDENT WITH INSULIN PUMP

Brand/Model of pump: _____ Type of insulin in pump: _____

Basal rates during school: _____

Type of infusion set: _____

- For blood glucose greater than _____mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardian.
- For infusion site failure: Insert new infusion set and/or replace reservoir.
- For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.

Physical Activity

- May disconnect from pump for sports activities Yes No
- Set a temporary basal rate Yes No _____ % temporary basal for _____hours
- Suspend pump use Yes No

Student's self-care pump skills:

Independent?

- | | |
|---|--|
| Count carbohydrates | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bolus correct amount for carbohydrates consumed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calculate and administer correction bolus | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calculate and set basal profiles | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calculate and set temporary basal rate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Change batteries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disconnect pump | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reconnect pump to infusion set | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prepare reservoir and tubing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insert infusion set | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Troubleshoot alarms and malfunctions | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OTHER DIABETES MEDICATIONS

Name: _____ Dose: _____ Route: _____ Times given: _____
Name: _____ Dose: _____ Route: _____ Times given: _____

MEAL PLAN

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast	_____	_____ to _____
Mid-morning snack	_____	_____ to _____
Lunch	_____	_____ to _____
Mid-afternoon snack	_____	_____ to _____

Other times to give snacks and content/amount: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Special event/party food permitted: Parents/guardian discretion

Student discretion

Student's self-care nutrition skills:

Yes No Independently counts carbohydrates

Yes No May count carbohydrates with supervision

Yes No Requires school nurse/trained diabetes personnel to count carbohydrates

PHYSICAL ACTIVITY AND SPORTS

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other

before every 30 minutes during after vigorous physical activity

other _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/blood ketones are moderate to large.

(Additional information for student on insulin pump is in the insulin section on page 6.)

DISASTER PLAN

To prepare for an unplanned disaster or emergency (72 HOURS), obtain emergency supply kit from parent/guardian.

- Continue to follow orders contained in this DMMP.
- Additional insulin orders as follows: _____
- Other: _____

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider	Date
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I, (parent/guardian:) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school:) _____ to perform and carry out the diabetes care tasks as outlined in (student:) _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian	Date
---------------------------	------

Student's Parent/Guardian	Date
---------------------------	------

School Nurse/Other Qualified Health Care Personnel	Date
--	------

ADAAA Eligibility Template Letter from Child’s Physician/Clinician

[Date]
Administrator Name
Title
Address

Re: [Name of Patient]:
D.O.B.

Dear Mr. /Ms. _____:

I am a practicing clinician in _____ (city/state). My practice includes pediatric and adolescent diabetes management. I treat _____ (name of patient) who has diabetes and requires follow-up visits at least every three to four months to assess her/his status and progress with diabetes management.

_____ (name of patient) was diagnosed with _____ (type 1/type 2) diabetes on _____ (date of diagnosis) and requires treatment with _____ (insulin/oral medications/diet and exercise). Diabetes is a disease that substantially limits the endocrine system because the pancreas either stops producing insulin or cannot make enough insulin to meet the body’s needs or the body is not able to properly use insulin. Without insulin, the body cannot convert glucose (sugar) into energy the body can use. As a result, _____ (name of patient) requires multiple daily injections of insulin/a constant infusion of insulin via an external insulin pump/oral medications/diet and exercise to manage his/her disease. There is no known cure for diabetes and it cannot be outgrown.

***PICK ONE PARAGRAPH BELOW
(Type 1, Type 2 on insulin/oral medication or Type 2 treated with diet and exercise):***

For Type 1:

Without insulin, _____’s (name of patient) blood glucose level will increase and _____ (name of patient) will become ill as glucose builds up in the blood. _____ (name of patient) will experience increased urination, thirst and potential dehydration. If the high blood glucose levels are not properly managed with insulin, _____ (name of patient) will experience loss of appetite, followed by nausea and vomiting. This condition is called diabetic ketoacidosis (DKA). DKA can be fatal if left untreated.

For Type 2 on insulin or oral medications:

Without insulin/oral medication, _____ (name of patient) will experience high blood glucose levels that over time lead to serious long-term complications and associated with diabetes. Therefore, it is critically important that _____ (name of patient) receive his/her necessary medications.

For Type 2 on diet and exercise only:

_____ (name of patient) treats his/her diabetes only with diet and exercise. If _____ (name of patient) is unable to manage his/her diabetes with these measures, his/her blood glucose will rise to a level requiring medication in order to prevent the risk of their developing the long-term complications of diabetes.

Closing paragraphs:

This information is being furnished to you as _____ (name of patient) may require additional modifications or accommodations at school in order to implement her/his Diabetes Medical Management Plan. _____ (name of patient) and her/his parents or guardians can provide you with more details on what may be needed and what should be included in his/her Section 504 Plan.

Please contact me at _____ if you have any further questions or concerns regarding _____'s (*name of patient*) diabetes or what is required in order to safely meet her/his needs in the school setting.

Sincerely,

_____ M.D.

****OPTIONAL PARAGRAPH FOR ALL PATIENTS ON INSULIN AND SOME ORAL MEDICATIONS, CONTINUE AS BELOW:**

In addition to being substantially limited in his/her endocrine function, _____ (*name of patient*) may also be at risk for low blood glucose levels (hypoglycemia) and high blood glucose levels (hyperglycemia) that can substantially limit their ability to care for him/herself, thinking and concentration. Hypoglycemia occurs when there are unpredictable effects of insulin and certain oral medications (*list the specific medication for the patient with type 2*) and the symptoms include tremors, palpitations and sweating, confusion, drowsiness, mood changes, unresponsiveness, unconsciousness, convulsions, and death. Hyperglycemia is caused by having too much glucose and too little insulin, and can also be caused by illness, infection, and stress. The symptoms of hyperglycemia include hunger, thirst, headache, nausea, fatigue, blurry vision, frequent urination, itchy and dry skin and diabetic ketoacidosis as discussed above.

***Suggested optional language for patients who are experiencing challenges from the school and need help to establish eligibility.*