

Sample Letter to Parents/Guardians

Date:

Dear Parents/Guardians:

Re: School Guidelines for Diabetes Treatment

To be prepared for the needs of your child with diabetes and in case of low and/or high blood glucose during the school day, please refer to the attached information and forms.

Request and Consent – Diabetes Interventions

Please read through this form and complete the appropriate sections. Return the form to your child's school principal prior to your child's start of school.

Type 1 Diabetes: Hypoglycemia Emergency Treatment Form

Please complete three (3) copies of this form with a recent photo of your child (minimum 2" x 3" head and shoulder shot). These forms will be posted in the staff room, and other appropriate locations in the school.

Parent/Guardian Responsibilities Checklist

Please review your responsibilities outlined on the checklist. If you have any questions, please contact the school principal.

Student Responsibilities Checklist

Please review the contents with your child.

Please call the school to arrange a meeting with your school principal and your child's classroom teacher prior to your child beginning school. Working together, we endeavour to provide the safest possible learning environment for your child.

Sincerely,

Name, Principal
Name of School