CHICO UNIFIED SCHOOL DISTRICT
1163 E. SEVENTH ST., CHICO, CA 95928

School: _____ **Phone:** _____ **Fax:** _____

INFORMATION FOR PARENT OF STUDENTS WITH DIABETES

Student's Name: _____ **DOB:** _____ **Nurse/Site Contact:** _____

The above student is being enrolled and/or you have requested information about services for students with diabetes in the Chico Unified School District. Chico Unified School District recognizes that in most cases district health services and/or accommodations are required to keep students with diabetes healthy and safe during the school day. The extent of health services and accommodations required varies considerably from one student to another. Your student's age and level of maturity, his/her level of independence, stability with this medical condition, and doctor's prescribed management all help determine the level and nature of the health service and/or accommodations required at school.

Attached are forms that will help the site or district school nurse determine all the services and accommodations that your child will require during the school day. Some need to be completed by the doctor managing your child's diabetes; others require parent signature and historical information. In addition, we strongly encourage you to speak directly with your school's site nurse or another district nurse so that you may relay any concerns that are not elicited on the forms.

Most students with diabetes will require, at minimum, a written individualized school healthcare plan (ISHP) that specifies what health services and site accommodations will be provided to best meet this student's needs. This will require first that we obtain the doctor's orders for any procedures, medications, and dietary or exercise considerations required during the school day. The parent's involvement is crucial to assisting the nurse in determining this plan, along with the physician's orders. This will normally require a parent/student meeting with the school or district nurse once doctor's orders have been returned to the school.

In certain circumstances, the necessary health services, accommodations, or educational needs can best be provided through either a Section 504 Plan or a Special Education Individualized Education Plan (IEP) in addition to the ISHP. The site or district school nurse or other members on the school administrative team can explain more about these options and provide you with written information about these programs. Both of these options would require further assessment (with parent consent) and meetings with additional school personnel who would decide as a team, along with the parent/guardian, what services are necessary to best meet the student's needs.

Please sign this form, indicating that:

1. You understand this district's commitment to providing all necessary health educational services and accommodations;
2. You acknowledge that you have received forms for you and your child's doctor that will help us elicit information about your child's needs;
3. You understand that your child may receive an individualized school health plan (ISHP), either alone or in conjunction with a 504 Plan or special education services, and these options have been explained to you; and
4. You have received a copy of this signed form and you have the contact information for the school or district nurse assigned to this school.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

Subsequent Determination of Services Required

☐ No plan (student is independent)
☐ 504 Plan
☐ IEP
☐ Parent did not return forms or request any plan _____ (site staff initials)
☐ Parent did not return to complete enrollment _____ (site staff initials)

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date