



Friends for Life™ Orlando 2019

July 16-21, 2019

Disney's Coronado Springs Resort

Orlando, Florida

Childcare Medical Information Sheet

Please complete one form for each of your children with type 1 diabetes or any other medical concern of which we need to be aware. This will be used in conjunction with the childcare registration form you completed. Mail, fax, or email this form, no later than June 24, 2019 to the attention of: Mary Babin at marybabin19@gmail.com. Please be sure to complete ALL fields in order to speed up registration on the first day. Please email Mary with any questions you may have regarding completion of this form. Additional childcare details will come via email approximately two weeks before the conference. Thank You.

1. Child's name (nickname): _____

2. Age: _____

3. Parents' or Guardian's names

Mom: _____

Dad: _____

Other: _____ (include relationship)

Cell Phone (if you have one, so we can reach you directly during the sessions)

Mom: _____

Dad: _____

Other: _____

4. Which would you prefer (check one):

My child will be tested using an ACCU-CHEK® Connect meter.

I will come to check my child's BG levels with his/her own meter.

5. At what time do you want your child's blood glucose level to be checked? All times are approximate. (Check all that apply)

9:30 am 2:30 pm

11:00 am 4:00 pm

Child's Name: _____

6. At what BG levels would you like us to contact you in a session?

Higher than: _____ Lower than: _____

If you would like to know your child's BG during your sessions, how would you like us to contact you?

Call cell phone Send text message

7. How do you manage your child's diabetes? (Childcare volunteers will not be administering insulin but need this information in case of an emergency.)

Injections

Insulin Pump

CGM

Other info: _____

8. If your child has another medical condition, please advise what it is and what we need to do to assist:

8. How would you like a low blood sugar (70 mg/dl or lower or rapid decrease shown in CGM) treated?

With a juice box

With glucose tablets

9. If your child uses a CGM and it alarms during your session, would you like to be notified?

Yes No

If yes, please indicate how:

Call cell phone Send text message

Cell phone to contact: _____

Thank You!