The University of Wisconsin-Madison
Precollege & Youth Programs

Media Release Form

Program Name/Session: _______________________
Participant's Name: _______________________________________

This form must be completed and returned to the program director prior to the program start date.

I hereby grant full permission to The University of Wisconsin-Madison to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication, or any other purpose The University of Wisconsin-Madison deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by University of Wisconsin-Madison.

This consent and waiver will not be made the basis of a future claim of any kind against University of Wisconsin-Madison and any of its agencies.

__________________________________________  ________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

__________________________________________
PRINT NAME

ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

chemcamps@chem.wisc.edu

Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
The University of Wisconsin-Madison Precollege and Youth Programs
Release and Indemnification Agreement

This form must be completed and returned to the program director prior to the program start date.

Participant Name: ____________________________________________________________

Participant Primary Guardian (s): ________________________________________________

Phone: ___________________________ Email: ______________________________________

Mailing Address: _______________________________________________________________________

I am the parent/legal guardian of ________________ (participant name), who is under the age of eighteen and I, ________________ (parent/guardian) am fully competent to sign this agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Wisconsin-Madison, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Wisconsin-Madison, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Wisconsin-Madison and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

__________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN

__________________________________________
DATE

PRINT NAME

Mail this Form to:
ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

Email this Form to:
chemcamps@chem.wisc.edu

? ChemCamp Inquiries ?
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
Chemistry Camp
Transportation Forms

Complete all forms in this section and return to:

Mail this Form to:
ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

Email this Form to:
chemcamps@chem.wisc.edu

ChemCamp Inquiries
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
Drop-Off/Pick-Up Form: ICE Chemistry Camp

Fill Out and Sign either Section A (below) OR Section B (page 5)

Send this form to ICE by email or mail; address information at the bottom of the page.

Section A

☐ Parent/Legal Guardian Drop-Off/Pick-Up

I __________________________________________, the parent/guardian of ______________________ (“my child”) will drop-off and pick-up my child from ___________________________ (camp/program name) during the duration of the camp/program.

If I __________________________________________, the parent/guardian of ______________________ am unable to pick-up or drop-off my child the person named below will be responsible for picking up my child.

I grant permission for the following people below to pick my child up from ___________________________ (camp/program name). (This person is required to show photo identification to the designated camp personnel).

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Phone Number</th>
<th>Driver’s License Number (Required)</th>
<th>Expiration Date</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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</tr>
</tbody>
</table>

__________________________________________  _________________________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN  DATE

__________________________________________
PRINT NAME

Section B: next page ➔

Mail this Form to:  Email this Form to:  ? ChemCamp Inquiries ?
ICE, Institute for Chemical Education  chemcamps@chem.wisc.edu  Email: chemcamps@chem.wisc.edu
Department of Chemistry  Web: https://ice.chem.wisc.edu
University of Wisconsin–Madison  Phone: 608/262-3033
1101 University Avenue
Drop-Off/Pick-Up Form: ICE Chemistry Camp
Fill Out and Sign either Section A (page 4) OR Section B (below)

✉️ Send this form to ICE by email or mail; address information at the bottom of the page.

Section B

☐ Permission to Walk/Bus/Bike

I _____________________________, the parent/guardian of________________________ authorizing and give consent to ________________________(camp/program name) to release my child from ________________________(camp/program name) without parental or guardian supervision and hereby consent, acknowledge and allow my child to ☐ walk ☐ bus ☐ bike to and from ________________________(camp/program name).

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Wisconsin-Madison, its governing board, officers, employees and representatives from any and all liability to my child, my child’s personal representatives, estate, heirs, next of kin and assignees for any and all illness or injury to my child’s person, including his/her death, that may result from or occur during my child’s walk, bus ride or bike to and from the camp without parental or guardian supervision, whether caused by negligence of The University of Wisconsin-Madison, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Wisconsin-Madison and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my child’s negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD’S INJURY OR DEATH OR DAMAGE TO MY CHILD’S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF WISCONSIN-MADISON CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD’S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

__________________________ __________________________
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

__________________________
PRINT NAME

✉️ Mail this Form to:
ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

✉️ Email this Form to:
chemcamps@chem.wisc.edu

❓ ChemCamp Inquiries ❓
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
Chemistry Camp

Program Rules & Regulations

Complete all forms in this section and return to:

Mail this Form to: ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

Email this Form to: chemcamps@chem.wisc.edu

ChemCamp Inquiries
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
Waiver Form: ICE Chemistry Camps 2020

Waiver Forms

Complete this required form and send it to ICE by email or U. S. Mail using the address information at the bottom of the page.

Name of Camper: _____________________  Name of Parent: __________________________  Date: __________

Liability Waiver

In consideration of my child's participation in the camp, I hereby release the University of Wisconsin System, Board of Regents, its officers, agents, and employees from any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand that participation is voluntary and I choose freely to have my child participate.

__________________________________________________________________________

Signature of Parent (Guardian)

Health Insurance: Campers should have their own health insurance to cover medical treatment that may be required while attending the camp. Limited accident insurance is provided by the University; illnesses are not covered by this policy.

By signing below, the parent/guardian understands and acknowledges that the Camp provides limited accident insurance, which is primary up to $7,500. The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

__________________________________________________________________________

Signature of Parent (Guardian)

Health Care: The camp has qualified staff to dispense medications brought by campers, and provide First Aid. Campers in need of further medical care will be transported to local medical facilities. Every effort is made to protect the health and safety of our campers. It is important that campers come physically prepared to take full advantage of their camp experience.

By signing below, the parent/guardian understands and acknowledges that the confidential Consent for Medical Administration, Medical Treatment Form, and Health History Questionnaire (as well as the Asthma Action Plan and Diabetes Management Plan if applicable) must be completed, signed, and returned to the Institute for Chemical Education prior to the child's participation in the Camp activities.

The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

__________________________________________________________________________

Signature of Parent (Guardian)

Photographs and Videos

By applying for this Camp I understand the University of Wisconsin–Madison may take photographs and or videos of camp participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

__________________________________________________________________________

Signature of Parent (Guardian)

Supervision and Conduct

Campers will be supervised at all times to ensure a secure environment and are not permitted to leave the chemistry building unsupervised. Any misconduct by a camper is grounds for immediate dismissal from the camp without a refund.

__________________________________________________________________________

Signature of Parent (Guardian)
Chemistry Camper
Medical Forms

Complete all forms in this section and return to:

Email this Form to: chemcamps@chem.wisc.edu

ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

ChemCamp Inquiries
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
This form must be completed and returned to the program director prior to the program start date.

Personal Information
Participant’s Last Name ______________________ First Name _______________ Birthdate ____________ M☐ F ☐

Specify program your child will attend _____________________
Address ____________________ City _______________ State____ Zip _______

Home Phone _________________________ E-mail Address ____________________
Parent/Guardian 1 ____________________ Daytime Phone ___________ Place of employment _____________
Parent/Guardian 2 ____________________ Daytime Phone ___________ Place of employment _____________
Health Insurance Carrier __________________ Policy Number ___________ Plan Number ___________

Is physician authorization needed? ☐ Yes ☐ No
Family Physician________________________ Phone:_____________

In case of emergency, please notify the following individual(s) if neither parent nor guardian is available:
1. ___________________________________ Phone ___________________________
2. ___________________________________ Phone ___________________________

Health History
Allergies:_________________________ Date of most recent tetanus immunization:_________________________
Please list any major past illnesses (contagious and non-contagious): __________________________________
Please list any major operations or serious injuries (include dates): ______________________________________
Has the camper ever been hospitalized? ☐ No ☐ Yes
Does the camper have a chronic or recurring illness? ☐No ☐ Yes
   If YES, explain: ______________________________________________________
Is there anything else in camper’s health history that the camp staff should know?
Are there any activities from which the camper should be restricted? ☐No ☐Yes
Does the camper have any special dietary restrictions? ☐No ☐Yes
   If YES, explain: ______________________________________________________
Does the camper wear any medical appliances (glasses, contact lenses, orthodontics, etc.)? ☐No ☐Yes
   If YES, explain: ______________________________________________________
Is the camper’s immunization record current showing that the camper has been immunized in accordance with the Wisconsin Department of State Health Services Minimum State Vaccine Requirements? ☐ No ☐ Yes if No, attach official documentation of WDHS exemption from immunizations for Reasons of Conscience or a Physician’s Statement of medical contraindications.

This authorizes The University of Wisconsin Madison’s physicians, medical personnel and program sponsors to release information concerning the medical status, medical condition, injuries, prognosis, and diagnosis and related personally identifiable health information of _______________________________ (Participant’s name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Wisconsin Madison.

SIGNATURE OF Participant DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE
CAMPER’S DATE OF BIRTH PROGRAM NAME

Mail this Form to: ICE, Institute for Chemical Education
Department of Chemistry
University of Wisconsin–Madison
1101 University Avenue
Madison, WI 53706

Email this Form to: chemcamps@chem.wisc.edu

ChemCamp Inquiries?
Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
Will the participant need to take any medication attending the program? ☐No ☐Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason(s) for Medication</th>
<th>Daily Dosage/Time(s) Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The University of Wisconsin-Madison sponsored (camp/program name) Youth Program personnel will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/guardian to give the medication directly to the program director or authorized program staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of programming.

I ________________________________, the parent/guardian of _________________________ give permission to the staff of the ___________________________(camp/program name) to supervise my child take the prescription medications listed above.

My child may possess and self-administer the following medicine: _________________________ and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Wisconsin-Madison, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

I, the undersigned, as the parent or legal guardian of (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and The University of Wisconsin-Madison and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and I hereby release them from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules. The University of Wisconsin–Madison honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link (uhs.wisc.edu/about/privacy/privacy-practices-for-non-students) to the University Health Services Notice of Privacy Practices.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

ChemCamp Inquiries

Email: chemcamps@chem.wisc.edu
Web: https://ice.chem.wisc.edu
Phone: 608/262-3033
## UNIVERSITY HEALTH SERVICES

**CHILD’S HEALTH HISTORY RECORD**

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO THE CAMP. Contact your child’s health care provider or University Health Services 608-265-5607 if you need assistance completing this form.

**NAME OF CAMP ATTENDING:**

### CHILD’S Personal Information

<table>
<thead>
<tr>
<th>Name - Child’s (Last, First, Middle Initial)</th>
<th>Birthdate (Mo/Day/Yr)</th>
<th>Telephone Number (Home)</th>
</tr>
</thead>
</table>

| Address (Street, City, State, Zip)          |                         |                         |

<table>
<thead>
<tr>
<th>Name of Parent/Guardian/Legal Custodian</th>
<th>Work Telephone Number</th>
<th>Cellphone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Emergency Contact</th>
<th>Work Telephone Number</th>
<th>Cellphone Number</th>
</tr>
</thead>
</table>

### CHILD’S Health Care Provider

<table>
<thead>
<tr>
<th>Health Care Provider Name</th>
<th>Name of Clinic:</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

| Address of Facility (Street, City, State, Zip) |                         |                   |

### ALLERGIES

Please check all that apply:

- [ ] This child has no known allergies.
- [ ] This child is allergic to this food(s):  
  - Does this allergy cause anaphylaxis?  
    - [ ] Yes  
    - [ ] No
  - Date of most recent episode?
  - Describe reaction and how it is managed?
- [ ] This child is allergic to this medication(s):  
  - Does this allergy cause anaphylaxis?  
    - [ ] Yes  
    - [ ] No
  - Date of most recent episode?
  - Describe reaction and how it is managed?
- [ ] This child is allergic to the following: ______
  - Does this allergy cause anaphylaxis?  
    - [ ] Yes  
    - [ ] No
  - Date of most recent episode?
  - Describe reaction and how it is managed?

### MEDICAL CONDITIONS

Please check all that apply:

- [ ] This child does NOT have asthma.
- [ ] This child has asthma and has completed action plan attached.
- [ ] This child does NOT have diabetes.
- [ ] This child does have diabetes and has diabetes management plan attached.
MENTAL HEALTH CONCERNS

☐ This child does NOT have any mental health concerns.

This child has the following mental health concerns:
- ADD/ADHD
- Anxiety
- Autism Spectrum Disorders
- Bipolar
- Depression
- Eating Disorder
- Self-Injurious Behavior
- Other: ________________________________

Are they currently receiving mental health services?

☐ YES  ☐ NO

OTHER HEALTH CONCERNS

Please indicate any other important medical conditions (e.g. seizures, physical conditions, etc.)

__________________________

SIGNATURE

The information included on this form is complete and accurate to the best of my knowledge.

__________________________  ________________________
SIGNATURE- Parent/Guardian/Legal Custodian  Date Signed
CONSENTS AND NOTICE OF PRIVACY PRACTICES

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following:

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

- I am giving consent in advance for medical treatment at an appropriate medical facility in case of an illness or injury.
- I am stating that I am aware of and accept the inherent risk in program activity.
- I attest that all information on all pages of these forms is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin- Madison, their officers, agents and employees from any and all liability, loss, damages, cost or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

CONSENT FOR RELEASE OF HEALTH INFORMATION

I hereby authorize University Health Services to release any necessary health information to Youth Program staff as deemed necessary or as required by law.

NOTICES OF PRIVACY PRACTICES

I acknowledge that I've been given a copy of the University Health Services Notice of Privacy Practices (follow this link: [uhs.wisc.edu/about/privacy/privacy-practices-for-non-students]).

PARTICIPANT/CAMPER NAME: __________________________________________________________

CAMP NAME: _______________________________________________________________________

_________________________________________________________________________________

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

_________________________________________________________________________________

RELATIONSHIP TO PARTICIPANT/CAMPER
# Asthma Action Plan

## Important Info

**Name:**

**Date:**

**Doctor name:**

**Doctor phone:**

**Emergency contact:**

**Emergency phone:**

### Triggers

- [ ] pollen
- [ ] mold
- [ ] dust mites
- [ ] animals
- [ ] smoke
- [ ] food
- [ ] exercise
- [ ] cold/flu
- [ ] weather
- [ ] air pollution
- [ ] other

## Exercise-Induced Flare-Up

Instructions for an exercise-induced asthma flare-up

**Medicine:**

**How much:**

**When:**

**Additional instructions:**

## The Green Zone (also known as the safety zone)

### Symptoms

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

**Peak flow from** [ ] to [ ]

### Use these controller medicines as listed:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## The Yellow Zone (also known as the caution zone)

### Symptoms

- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

**Peak flow from** [ ] to [ ]

### Continue with controller medicines as above, and add these rescue medicines:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Call your doctor if:**

## The Red Zone (also known as the danger zone)

### Symptoms

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

**Peak flow from** [ ] to [ ]

### Take this medicine and call the doctor now!

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If symptoms don’t improve and you can’t contact the doctor, go to the hospital or call 911.**
Important Information:
Name:______________________________________________________
Date:________________________________________________________
Doctor Name:_______________________________________________
Doctor Phone:_______________________________________________
Emergency Contact:__________________________________________
Emergency Phone:____________________________________________

Insulin Therapy

Student Self-Care Insulin Administration Skills:

- 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 [ ] YES [ ] NO

Additional Information for Student with Insulin Pump:
Brand/Model of Pump: ____________________________________________
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.

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: ____________________________________________________
When to Give Insulin continued:

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: __________________________________________________________________________

Physical Activity and Sports

☐ A quick-acting source of glucose must be available at the site of physical education activities and sports.
   ☐ Glucose tabs
   ☐ Sugar-containing juice

Student should eat:

☐ 15 grams ☐ Before ☐ After vigorous physical activity
☐ 30 grams ☐ Every 30 minutes ☐ Other: ______________

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.