

Burkburnett Independent School District

Date: _____

Dear Parent/Guardian of _____,

Each school year an updated Diabetic Medical Management Plan is required for all diabetic students. This is the order from your child's physician that we will follow with regards to treating blood sugars at school. **We request new doctor's orders from your child's physician on or before the first day of school in August.** I am enclosing a form that can be used, or if your physician has his/her own forms, those are certainly acceptable.

We will have a meeting within the first couple weeks of school to meet with your child's academic team to make an Individual Health Plan for your child while he/she is at school. This meeting will include your child, the parents, the School Nurse, all teachers on your child's schedule, Counselor, an Administrator, and if applicable, Special Education staff. This information will be shared with transportation as well if your child rides a school bus.

This is a very important meeting at which you are welcome to educate us on specific diabetic needs for your child. The Counselor will update the 504 plan at this meeting as well. Communication between the parent and the school nurse is vital when students have diabetic needs at school. I will contact you after school starts to schedule a meeting date.

If you would like to bring diabetic supplies and the updated Diabetic Medical Management Plan the week prior to students starting, please call me at _____ so I can plan to be in the nurse's office. I will be at different trainings and meetings, but I will be glad to accommodate you if at all possible.

Respectfully,