School Care Letter

Fill this in, adapt it with your doctor, and give a signed copy to the school. Keep one at home.

To the teachers and staff of _____,

_____ has type 1 diabetes and needs insulin to live. Please support them as follows:

- They may need to **check blood sugar and/or take insulin during the day**, including before lunch and activity. Please allow this without fuss.
- If they feel or test “low” (hypoglycemia), they must be allowed to **eat fast-acting sugar IMMEDIATELY**, even during class or an exam, without asking permission. Signs of a low include: shakiness, sweating, pallor, sudden irritability or confusion, dizziness. Steps: give the fast sugar they carry, let them rest, re-check after about 15 minutes, and contact us.
- **Never send a child who is low out of the room alone**, and never delay their treatment.
- They should be allowed to **carry fast sugar and their glucose meter or CGM on their person at all times.**
- They can and should **participate fully in sports, trips, and exams**, with the above accommodations.

Emergency contacts

Parent 1: _____ Phone: _____

Parent 2: _____ Phone: _____

Doctor / care team: _____ Phone: _____

Thank you for helping _____ stay safe and thrive at school.

Parent signature and date

Doctor signature or stamp, if available