



Floresville Independent School District

Preparing You for a Prosperous Life

Dear Parent/Guardian of _____

According to House Bill 984, Chapter 168, we are required by law to obtain the following information for students who request diabetic care at school. We are also required to assign and train an unlicensed diabetes care assistant to assist your child in their diabetic care in the event the nurse is off campus or unavailable. We have created the following forms in order to provide the best care for your child and be in compliance with HB 984.

1. ***Diabetes Management & Treatment Plan***

The physician is not required to use this form however we must obtain a school treatment plan with this information that is signed and dated by the physician and the parent/guardian.

The bottom part of this form should be signed by the parent and returned. If the physician uses a different format for the treatment plan, it will be attached to this form.

2. ***Individualized Health Plan***

When the diabetes management and treatment plan is received from the physician, an Individualized Health Plan will be created for your child's care at school. It will be reviewed, discussed, and signed by the nurse, principal, diabetic care assistant, parent/guardian, and student and will be kept in their folder.

3. ***Diabetic Student Information Sheet***

The bill also requires that a school district shall provide to each district employee who is responsible for providing transportation for a student with diabetes or supervising a student with diabetes during an off-campus activity a one-page information sheet with potential emergency situations and telephone numbers for contact in case of emergency.

It will be the students and/or parents responsibility to notify the nurse if the student will be involved in off-campus activities or riding a bus that is different from their daily bus transportation.

I have been provided a copy of the above forms and agree to obtain the Diabetic Management and Treatment Plan from the physician as soon as possible so that the Individual Health Plan and the Student Information Sheet can be implemented.

Parent/Guardian signature _____ date _____