



**SMITHTOWN CENTRAL SCHOOL DISTRICT**  
26 NEW YORK AVENUE, UNIT 1, SMITHTOWN, NEW YORK 11787-3435

Student \_\_\_\_\_ is under a physician's care for diabetes. The student is cleared to participate in interscholastic sports with the following recommendations, (if any).

\_\_\_\_\_ M.D.

Student understands and takes full responsibility for following physician's instructions for participation in sport.

- Instructions:
1. Provide an emergency coaches' pack.
  2. Test glucose level before each practice.
  3. Will not participate in physical activity if glucose level is over 350 or \_\_\_\_\_.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_

For questions or comments call:

\_\_\_\_\_  
School

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone