

# Diabetic Clearance Form for Smithtown Athletes

The following is an individualized care plan for \_\_\_\_\_. Your physician should complete the form as well based on the student's individual needs to participate in the Smithtown School District's athletic program.

## Coaches can be trained on a voluntary basis in the administration of Glucagon

### Student responsibilities:

The student is required to provide the coaches an emergency pack including the following:

- \_\_\_\_\_ Glucagon (only if coach is glucagon trained)
- \_\_\_\_\_ Cake icing/gel or glucose tabs

**Any additional items such as juices, snacks and diabetic supplies should be kept with the student at practice or games.**

Students are to test glucose level before each practice and game.

If student's BG level is out of range they will not participate in physical activity.

### Physician

Will student wear an insulin pump during sports practice and games? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes student will follow appropriate guidelines for exercise while wearing the insulin pump.

What is the student's blood glucose target range for sports participation?

Between \_\_\_\_\_ and \_\_\_\_\_.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above student understands and takes full responsibility for following the physician's instructions as well and the responsibilities listed above.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_