

McKinney Independent School District
Health Services

Diabetes - Parent Request - Insulin Change Form

Student Name: _____ ID# _____

Date of Change _____ Change # _____ of 8 allowed in 90-day period.

Must be stated in the physician's orders - one change request may be submitted every seven (7) days to a maximum of eight (8) changes every ninety (90) days. *This is the only acceptable change from the original physician's order; additional adjustments require new physician orders. Addendum orders to the student's current Diabetes Management and Treatment Plan (physician's orders) will be accepted*

Reviewed/Accepted by RN (Signature and Date) _____

***Parent requests for additional insulin administration, outside the guidelines of the correction scale, are not acceptable by MISD personnel.*

***Insulin correction sliding scale changes must be in writing from the healthcare provider. ***

INITIAL AND SIGN BELOW:

_____ *I have participated in diabetes self-management education including instruction on insulin titration skills.*

_____ *I understand that only the school's registered nurse (RN) may accept a change in insulin dosage in writing as long as it is stated in the physician's order.*

I request McKinney ISD to adjust n l suss c 0 2 3 - 1 . 2