



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

13461 Ramona Avenue • Chino, CA 91710 • 909.628.1201 • www.chino.k12.ca.us
Student Achievement • Safe Schools • Positive School Climate • Humility • Civility • Service

Date: _____

Dear Parent(s)/Guardian(s) of _____:

Enclosed are the required forms for your student's Specialized Physical Health Care procedure for Diabetes. These forms must be completed each school year by you and your student's physician.

Please complete and sign the enclosed:

- **Parent section of the *Parent/Physician Request for the Administration of Medication***

Please ask your physician to complete and sign the enclosed:

- **Physician Form of the *Diabetes Medical Management Plan* which can be used during an event of disaster or insulin pump malfunctioning. If your child has an insulin pump, please have your physician write, "In an event of insulin pump malfunctioning, you may disconnect insulin pump & administer insulin via syringe as follows:"**

If your physician uses other similar forms, these are welcome as well.

Please bring all forms and supplies to your school's Health Office on _____ before school starts. This will allow enough time for me to review the forms and plan for his/her care, or to contact your physician if more information is needed. The first day of school is _____. Please call me if you have any questions or concerns at _____. Thank you for your assistance in this matter.

Sincerely,

School Nurse RN