McKinney Independent School District
School Health Services
Diabetes-Parent Request – Insulin Change Form

Student Name _____ **ID#** _____
Date of Change _____ **Change #** ____ **of 8 allowed in 90 day period**
Reviewed & Accepted RN (Signature and Date)_____

Parent request for additional insulin administration will not be accepted outside the guidelines of the correction scale.

The Diabetes Management and Treatment plan from my physician for my child allows for parental adjustment of pre-breakfast OR pre-lunch insulin.

I am requesting the following adjustment:

☐ Fixed Dose: _____ units plus correction dose at breakfast OR lunch
(Circle one)

☐ Insulin to Carbohydrate Ratio: 1 Unit Insulin per _____ Grams of Carbohydrate (the new insulin dose cannot exceed a 10% equivalent of original physician's orders)

***Insulin Correction Sliding Scale changes must be provided in writing by the healthcare provider. ***

For students with Diabetes Management Plan & Physician Orders with 10% equivalent allowable adjustment: one change may be requested 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 will be accepted.

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.*
_____ *I request McKinney ISD to adjust my child's pre-meal insulin dosage as indicated above. I authorize the school RN and the prescribing healthcare provider to confidentially discuss or clarify the student's diabetes management and treatment plan and to discuss the student's response to the medication as required by law (Nurse Practice and Medical Practice Acts of Texas).*

_____ _____
(Parent Signature) (Date)

_____ _____
(Print Parent Name) (Phone)