NBDC PARENT REQUEST FOR SCHOOL FORMS: 2026-2027

Please return this form via fax: 212-851-5493 or email: BerriePeds@cumc.columbia.edu

Name: _____ **Date of Birth:** _____ **Date of Diagnosis:** _____ **Recent A1C:**_____**Grade** (entering Sept '26)**:** _____

Physician: ❑ Dr. Gandica ❑ Dr. Leibel ❑ Dr. Vargas ❑ Dr. Williams ❑ Dr. Steinman

Name of School: _____ **School's Fax:** _____ **School's Telephone:** _____

NYC Resident (Manhattan, Queens, BK, SI, Bronx)? ❑ YES ❑ NO **NYC Public School?** ❑ YES ❑ NO

My child can check BGs : ❑ With Supervision ❑ Without Supervision ❑ Nurse/School personnel must check BG

My child can administer insulin: ❑ With Supervision ❑ Without Supervision ❑ Nurse/School personnel must administer insulin

My child can identify symptoms of hypoglycemia: ❑ YES ❑ NO

My child can notify an adult when his/her blood glucose is not normal: ❑ YES ❑ NO

My child has learning challenges or physical disabilities that interfere with the self-management of diabetes: ❑ YES ❑ NO

If yes, please explain _____

My child needs a paraprofessional (para) (less than 8 years old only): ❑ YES ❑ NO *If yes, reason for PARA:*_____

Name of parent(s) and/or guardian(s) authorized to make dose changes:

Full Name (First and Last): _____ Phone number: _____

My child uses a continuous glucose monitor (CGM): ❑ Dexcom G6 ❑ Dexcom G7 ❑ Libre ❑ Medtronic ❑ None

My child uses the following type(s) of insulin:

RAPID ACTING ❑ Novolog/Aspart ❑ Humalog/Admelog/Lispro ❑ Fiasp ❑ Lyumjev

LONG ACTING (including back up for pump failure) _____units at _____ (time) ❑ Lantus/Basaglar/Semglee ❑ Levemir ❑ Tresiba

My child uses the following type of glucagon: ❑ Glucagon ❑ Baqsimi ❑ GVOKE ❑ Zegalogue

Insulin is administered via: Insulin Pens: ❑ PEN half units (0.5 units) ❑ PEN whole units (1.0 units) ❑ InPen

OR **Insulin Pump:** ❑ Omnipod ❑ TSlim ❑ Mobi ❑ iLet ❑ DIY/Loop ❑ Medtronic ❑ twiist

Pump Settings:

Time	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p
Carb Ratio													
Correction Factor													
Target BG													

Exercise/Activity mode with gym?
❑ YES ❑ NO

***** ALL SECTIONS MUST BE FULLY COMPLETED *****

Please see below examples of academic related accommodations to be provided in accordance with the ADA *Diabetes Resource Manual for School Personnel*. **Select the accommodations that apply to your child's needs.**

- ☐ All school staff members who have responsibility for the child, including substitute staff, should receive yearly training that provides an understanding of diabetes and the child's needs, how to identify medical emergencies and which school staff members to contact with questions or in case of an emergency, as coordinated by parents.
- ☐ The student's teacher will work with the student and parents to coordinate a meal and snack schedule to coincide with classmates' schedule, to the closest extent possible. The teacher will notify the parents at least 48 hours in advance of any expected changes that may affect meal, snacks, or exercise routine.
- ☐ The student should not need to leave the usual setting for treatment of low or high blood sugar and should be allowed to have a snack anywhere including the classroom or school bus.
- ☐ A snack box, glucose meter and supplies shall be maintained in the student's classroom and the student should have immediate access to them for treatment of hypoglycemia and hyperglycemia.
- ☐ The student shall be permitted to carry on his/her person at all times: glucose tabs, glucose gel, glucagon, insulin pump, snacks, glucose meter and incidental supplies.
- ☐ The student shall be permitted to carry a cell phone to send and/or view glucose sensor values (if applicable) and/or to reach parents or healthcare provider. Wifi access should be available to prevent any interruption in glucose sensor data.
- ☐ The student will have unrestricted access to the school nurse/health office, bathroom, and drinking water.
- ☐ The school shall maintain records of the student's blood glucose levels and treatments.
- ☐ The school must communicate with parents daily about the student's glucose levels and treatment.
- ☐ The student's medical supplies including insulin and glucagon, and snacks must be maintained in the school's health office, and will also be available to the student on field trips and other off-site events.
- ☐ The student will participate fully in all extracurricular activities, including sports, field trips, enrichment programs, with access to the health accommodations contained in the student's Health Care Plan.
- ☐ A trained teacher or other designated trained staff shall accompany the student on field trips and provide accommodations in accordance with these provisions. If such staff is unable to be present, then the field trip should be cancelled rather than exclude a student due to his/her diabetes needs.
- ☐ A school staff member shall monitor the student's lunch to assess carbohydrate intake for insulin dosing and report intake to appropriate personnel.
- ☐ The student must have flexible scheduling and extended time for tests and exams, as needed.
- ☐ The student's bus driver shall be trained to recognize and treat hypoglycemia and hyperglycemia and in the administration of glucagon.
- ☐ The student shall not be penalized for absences for medical appointments and/or illnesses.

PLEASE NOTE THERE IS A 2 WEEK TURN AROUND FOR ALL FORMS

****If needed within 48 hours, there will be a $25 fee for expedited preparation****

Please call 212-851-5494 to make payment