

Dear Parent,

I feel it is important to review the necessary precautions to care for your child with hypoglycemia. This information is necessary so that your child maintains an optimal level of health as well as achieving maximum academic performance.

Please make sure you complete the enclosed forms and return it to your school \_\_\_\_\_ who will forward them to me as soon as possible. This will serve as a guide for school personnel in the daily care of your child, **so it is very important everything is complete.**

You will need to provide the following:

1. Snacks/glucose tablets/cake icing for your child to keep in the school for low blood sugar episodes.
2. If your child requires a glucometer to check their blood glucose during school hours, then I will need a physician order and all glucometer supplies will need to be provided by you.

Finally, I encourage you to maintain regular contact with your child's teacher. No one knows your child as well as you do and if you perceive changes in your child's study habits or health condition please discuss the matter with the teacher and/or school nurse so that the student's overall status is not adversely affected.

If you have any additional questions or concerns feel free to contact me at 326-\_\_\_\_\_. You may also refer to Harrison County Policy Guide or the county website [www.harcoboe.com](http://www.harcoboe.com). .  
Sincerely,

School Nurse

**\*If your child no longer requires a Health Care Plan please sign below and return to school secretary.**

My child \_\_\_\_\_ does not require a care plan for the \_\_\_\_\_ school year.