

Diabetic Field Trip Training Request Form

School: _____ Grade(s) Attending Fieldtrip: _____

Date of Fieldtrip: _____ Hours (from time of departure to time of return to campus): _____

Brief Description of Trip: _____

Health Paraprofessional (s): _____

Explain below per most current DMMP:

Student Name and ID: _____

Student Level (independent or supervised)	Diabetic Emergency Medications at School (please list)	Insulin Pump (Yes or No)	Staff Member(s) Responsible for Student during the Field Trip (place full names below)
		Continuous Blood Glucose Monitor (yes or no)	
		Insulin Pump:	
		CGM:	

*** If a student is attending with their parent/guardian, then the parent will take responsibility for their child’s diabetic care during the entire field trip. Please reach out to parent to confirm they will bring their child’s medication and provide medical care on field trip. No district medication training necessary.**

****A minimum of a 10 school-day/two weeks notice is required to ensure that the school personnel going on the field trip have adequate time to receive child specific training to care for the student with special health needs.**

***** If the hours of the field trip are beyond typical school hours, additional diabetic orders will be needed. These additional physician orders must be received no later than two weeks before the date of the field trip.**

**Email this completed request form to the Health Services Coordinator
 a minimum of 10 days prior to scheduled field trip date**

(For Admin Use) Scheduled Date / Time for Training: _____