

**KESTREL HEIGHTS SCHOOL  
DIABETES CONTROL PLAN REQUEST**

I, \_\_\_\_\_, hereby request that the school develop an Individualized Diabetes Care Plan for my student, \_\_\_\_\_.

I acknowledge that I have been given the ADA Diabetes Medical Management Plan form and that I am responsible to fill in the appropriate information and have my student's treating physician complete the form and return to the school's secretary. I understand that the school cannot develop a care plan until I return the completed form.

I also understand that I must participate in reviewing the form with the appropriate school staff, must provide the school with any diabetic supplies and snacks my student may need as well as wallet sized photo of my student and a medic alert bracelet. If my personal data changes, I will immediately update my information with the school so that I can be easily reached in the event of an emergency.

\_\_\_\_\_  
Signature of parent or legal guardian of

\_\_\_\_\_  
Print student's name

\_\_\_\_\_  
Date