

**Richland Parish School Board**  
**DIABETES MEDICATION ORDER**

*\*TO BE COMPLETED BY PHYSICIAN ONLY*

STUDENT'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name of licensed prescriber: \_\_\_\_\_ Phone: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Target blood sugar range: \_\_\_\_\_  
Diet: \_\_\_\_\_ Snack Time(s): \_\_\_\_\_  
Snack prior to P.E.? YES \_\_\_\_\_ NO \_\_\_\_\_

**BLOOD GLUCOSE TESTING ORDER:** \_\_\_\_\_

Can student do own finger stick: YES \_\_\_\_\_ NO \_\_\_\_\_  
Student is: \_\_\_\_\_ Independent in monitoring his/her own blood glucose  
\_\_\_\_\_ Independent in monitoring his/her own blood glucose, but requires supervision  
\_\_\_\_\_ Unable to monitor his/her own blood glucose and will require assistance with procedure

\*Will student require medication at school? YES \_\_\_\_\_ NO \_\_\_\_\_

**MEDICATION ORDER:** \_\_\_\_\_

Time(s)/circumstance for this to be given at school:  
\_\_\_\_\_  
\_\_\_\_\_

Specific sliding scale orders (if applicable):

If blood sugar is this:

Give this:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Treatment for hyperglycemia: \_\_\_\_\_

Treatment for hypoglycemia: \_\_\_\_\_

Check ketones when: \_\_\_\_\_

Exercise: \_\_\_\_\_ Student can participate in regular P.E. without modifications  
\_\_\_\_\_ No P.E. or exercise is permitted if ketones are present in the urine

Additional information to be provided by licensed prescriber:

1. Please list contraindications to this medication or potential adverse effects specific to this student:  
\_\_\_\_\_
2. List other medication(s) being taken by this student: \_\_\_\_\_
3. Insulin pump protocol (Attach if applicable):
4. IF STUDENT PASSES OUT, CALL 911 IMMEDIATELY

Signature of Authorized prescriber: \_\_\_\_\_ Date: \_\_\_\_\_