

1745 West Grand
Haysville, Kansas 67060
Phone: 316-554-2200
Fax #: 316-554-2230



Beth Schutte, R.N.
District School Nurse

DIABETES MEDICAL MANAGEMENT PLAN

Dear Parents or Guardian:

This plan should be completed by the student's physician and parents/guardian. Please have the physician to give guidelines on hypoglycemia and hyperglycemia, so that the school staff will be clear on what is to be done. Please indicate at what level of blood sugar you would like to be notified.

Please have the physician complete the attached form "Medical Statement for Student Requiring Special Meals Due to Disability", so that the school can make diet modifications. Federal regulations requires the school to receive written instructions from appropriate medical authority before the school can modify your child's meals.

Each school year this plan must be completed by the student's physician and parents/guardian. If you have any questions or concerns, please call the Nurse or Health Aide in your child's school.

Thank you,
Beth Schutte, R.N.
District School Nurse for Haysville Schools