



*Lexington
Public Schools*

My child has been diagnosed with diabetes ____ Yes ____ No

Parent(s)/Guardian(s):

In accordance with Oklahoma Law we are working with parents and physicians to assist with diabetes management at school. Our goal is to promote a healthy, productive learning environment for all students. We also want all of our students to have the opportunity to participate in all areas of school curriculum and extra-curricular activities.

It is the parent/guardians' responsibility to notify the school if your student has been diagnosed with diabetes and if it is necessary for your student to have treatment during school hours or at school sponsored activities. After the school has received written notification, a diabetes management plan will be developed by the student's personal health care team including parent(s) and physician(s).

If you marked yes on this form, complete the following.

Diabetes Notification

I, _____, hereby notify Lexington Public Schools ("District") that my child

_____ has been diagnosed with diabetes and may require diabetes care at school. I understand that after notification is received by the district, I will receive a blank Diabetes Medical Management Plan form and it is my responsibility to complete the form along with the student's personal health care team.

Parent/Guardian signature

Date