

Level II Diabetic Training

Student Name _____ Grade _____

School Nurse _____ Date _____

I have been instructed on this student's Individual Healthcare Plan (IHP), and have been given a Level 2 emergency plan for this student. I have been given an opportunity to ask questions and clarify concerns. I understand that, should a question or concern arise in the future, I should seek the advice of my school nurse.

	Printed Name	Signature	Position	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
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9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
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13.	_____	_____	_____	_____
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15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

School Nurse signature: _____