

# Level IIIb Diabetic Training

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Training Instructor \_\_\_\_\_ Date \_\_\_\_\_

I have been instructed on this student's Individual Healthcare Plan (IHP), including the student's individual equipment used for monitoring and treating his/her diabetes. 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.

	Name	Position
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
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16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

This document to be kept with the IHP.