



# PARTICIPANT DIABETES INFORMATION FORM



**Parks & Recreation Department**  
Adapted Programs  
620 Laguna Street  
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[www.sbparksandrecreation.com](http://www.sbparksandrecreation.com)

Participant \_\_\_\_\_

Date \_\_\_\_\_

The registration information submitted for the above participant indicated the participant has diabetes and is **independent** with their care. Please answer the following questions so we may better understand the participant's medical needs.

## CONDITIONS, SYMPTOMS & TRIGGERS

Type of Diabetes     Type I     Type II                      Age diagnosed \_\_\_\_\_

## BLOOD GLUCOSE TESTING

Is participant aware of when their blood sugar is too low or high     Yes             No

Can participant correctly test their blood glucose levels             Yes             No

Exceptions \_\_\_\_\_  
\_\_\_\_\_

## DIABETES MANAGEMENT PLAN

Additional snacks are needed:     Before exercise             After exercise  
                                                  Other times (specify) \_\_\_\_\_

Preferred snack foods \_\_\_\_\_

Foods to avoid, if any \_\_\_\_\_

Instructions for when food is provided to all participants \_\_\_\_\_

Is the participant able to fully monitor and manage their diet requirements?     Yes             No

Exceptions \_\_\_\_\_  
\_\_\_\_\_

How is the participant's insulin administered?     Injections     Pump     Inhaler     Oral     Other

**Signature of participant OR, for minors and dependent adults, the custodial parent or legal guardian:**

✓ Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_