PARTICIPANT DIABETES INFORMATION FORM

Parks & Recreation Department
Adapted Programs
620 Laguna Street
Santa Barbara, CA 93101
(805) 564-5421
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** _____