



THE
DIABETES
FAMILY CONNECTION

TypeOneNation Summit
Saturday, January 11th, 2020
Crowne Plaza Executive Park | 5700 Westpark Drive | Charlotte, NC 28217

Emergency Contact and Medical Information Form

Child's Name (first and last) _____

Emergency contact name: _____

Phone: _____

Allergies or other important health information:

Please tell us your child's desired blood sugar target range for the program:

*note that we may allow your child to be slightly out of range (upper limit) pending activity, time of day, and other factors

Can your child recognize lows? (Circle One): Yes / No

How does the attendee manage their blood sugar?

- **Glucometer:** I use a _____ glucometer to test my blood sugar.
- **Attendee can test their own blood sugar?** YES NO
- **CGM:**
 1. Dexcom
 2. Libre
 3. Other: _____

● **INSULIN ADMINISTRATION:**

- **_____ MDI (multiple daily injections) :**
 - **Attendee can give own injections? YES NO**

- **_____ Pump I use a _____ pump to manage my T1D.**
 - **Is your child on a pump with a “bolus calculator” feature?**
(Circle One): Yes / No
 - **Attendee can calculate own bolus? YES NO**
 - **Attendee can deliver own bolus? YES NO**

If your child is on shots, or does not have a bolus calculator, we will respond on a case-by-case basis. We will consult with medical staff, and potentially be in contact with you to decide on a course of action.

Other instructions (please specify here):

Parent Signature
