



PARK RIDGE-NILES SCHOOL DISTRICT 64

164 South Prospect Avenue • Park Ridge, IL 60068 • (847) 318-4300 • F (847) 318-4351 • d64.org

Date: _____

Dear Parent/Guardian of: _____

The Park Ridge-Niles Community Consolidated School District No. 64 ("School District 64") addresses the needs of students with diabetes who attend its schools. Your child, _____, is a student who has been identified as a child with diabetes attending a school within School District 64 and your child's diabetic needs are important to us. The enclosed forms require your attention and we ask that you consider having them completed, signed, and returned to us at your earliest convenience:

- **Insulin Authorization** (Authorization addressing injectable insulin as well as for insulin delivered by a pump).
- **Glucagon Authorization**
- **Glucose Source Authorization**
- * **Authorization to Provide Diabetes Care**

These forms are required at the beginning of each school year and when your child's care needs change during the school year. You are responsible for providing all medication, supplies and equipment needed.

Additional information that your child's diabetic healthcare provider chooses to share is useful and will be incorporated as we develop an individualized plan of care. A meeting with you and school staff will be scheduled close to the beginning of the new school year.

Please feel free to contact us with questions or concerns.
Thank you.

Sincerely,

Margaret Temari, R.N.
Facilitator, School Health Services