

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Bus #: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Blood Glucose Target Range: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Correction Dose/Formula: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Insulin dose for Carbohydrate intake: \_\_\_\_\_ Lunch Time: \_\_\_\_\_ PE/Health Period: \_\_\_\_\_  
 Type of Pump: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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