



## Childcare Medical Information Sheet

Please complete one form for each of your children with Type 1 diabetes or any other medical concern that we need to be aware of. This will be used in conjunction with the childcare registration form you completed. **Mail, fax, or email this completed sheet, to be received no later than June 10, 2011, to the attention of: Mary Babin, Animas Corporation, 200 Lawrence Drive, West Chester, PA 19380, fax to 610-232-0172 or email to vvalent2@its.jnj.com.** Animas Corporation is providing volunteer CDEs to assist with diabetes care during childcare. Please be sure to complete **ALL** fields in order to speed up registration on the first day. Thank you.

1. Child's name (nickname): \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Parents or Guardians names  
Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Other: \_\_\_\_\_ (include relationship)
4. Cell Phone (if you have one, so we can reach you directly during the sessions)  
Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Other: \_\_\_\_\_
5. Which would you prefer (check one):  
 My child will be tested using a One Touch UltraMini meter. I understand that test results will be available to me.  
 I will come to check my child's BG levels with his/her own meter.
6. What time do you want your child's blood glucose level to be checked?  
(Check all that apply)  
 9:30                       2:00  
 11:00                       4:00
7. At what **BG levels** would you like us to contact you in a session?  
 Higher than: \_\_\_\_\_                       Lower than: \_\_\_\_\_
8. How do you manage your child's diabetes? (Childcare volunteers will not be administering insulin but need this information in case of an emergency)  
 Injections  
 Pump  
 Other info: \_\_\_\_\_
9. If your child has another medical condition, please advise what it is and what we need to do to assist:  
\_\_\_\_\_  
\_\_\_\_\_
10. How would you like a low blood sugar treated?  
 With a juice box  
 With glucose tablets

Thank You!