



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 or fax this completed sheet, to be received no later than June 15, 2008, to the attention of: Mary Babin, Animas Corporation, 200 Lawrence Drive, West Chester, PA 19380 or fax to 610-232-0172.** 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 12:00 3:30
 11:00 2:00 4:00

7. At what **BG levels** would you like us to contact you in a session?
 Higher than: _____ Lower than: _____

Child's Name: _____

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!