FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SAN DIEGO COUNTY
Child & Youth Development

BLOOD-GLUCOSE MONITORING: PHYSICIAN'S CHECKLIST (LICENSED FACILITIES)

(CHILD'S EVALUATION FOR APPROPRIATENESS OF CARE)

PART A – INFORMATION TO BE COMPLETED BY PHYSICIAN

Name of Child: _____ **Birthdate:** _____

Assessment of Stability of Child's Medical Condition

Is the child's medical condition stable enough for a layperson with instruction/ training to safely monitor blood-glucose levels and properly care for the child in a childcare setting? ☐ Yes ☐ No

Please explain: _____

Designation of Person to Provide Instruction on Medication

If the answer to the above question is yes, each person who monitors the child's blood-glucose levels must be instructed on how to provide that care by a competent person designated by the child's physician. Please indicate the person you designate to provide this instruction with regard to the above-named child (may be the child's authorized representative).

Name _____ Phone Number: _____

Address _____

Title or Relationship to Child: _____

Please provide specific steps for layperson to monitor the blood-glucose levels of the child. The instructions must be updated annually, or whenever the child's needs dictate, and must include:

- Properly use the monitoring instrument and handle any lancets, test stripes, cotton balls, or other items used while conducting the test.
- Determine if the test results are within the normal or therapeutic range for the child, and any restrictions on activities or diet that may be necessary.
- When to notify a parent or legal guardian or physician; when to call 911, and what to do in cases of emergency.
- Identify the symptoms of hypoglycemia or hyperglycemia, and actions to take when results are not within the normal or therapeutic range for the child and any restrictions on activities or diet that may be necessary.
- Proper storage and transportation of the monitoring equipment.

Physician:	**Date of Last Physical Exam:**	**Current Date:**
Address:		**Telephone:**
Signature:		

☐ PHYSICIAN ☐ PHYSICIAN'S ASSISTANT ☐ NURSE PRACTICTIONER

PART B – BLOOD-GLUCOSE MONITORING TRAINING LOG

Name of Child:

Name of Designated Trainer:	Date of Training:

Name of all Staff Present during Training:

Signature of Trainer:	Date:

Signature of Staff:		Date:		Signature of Staff:		Date:	
Signature of Staff:		Date:		Signature of Staff:		Date:	
Signature of Staff:		Date:		Signature of Staff:		Date:	
Signature of Staff:		Date:		Signature of Staff:		Date:	
Signature of Staff:		Date:		Signature of Staff:		Date:	

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.