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Notice of Requested Diabetes Management Plan (DMP)

You have indicated that your student has been diagnosed with diabetes. In accordance with the Florida Department of Health and the Florida Department of Education, this is a notification of that we are requesting a Diabetes Management Plan (DMP) to be on file for your student before the 2023-2024 school year begins.

A Diabetes Management Plan is recommended to be developed by a medical professional in consultation with parents and signed by both parties. This management plan must include specified information such as recommended care for low and high blood glucose, symptoms of low and high blood glucose, any necessary accommodations, prescribed medication, insulin dosing, and contact information for medical assistance.

Once we have received the DMP, necessary school personnel will be notified of the unique health care services required by the student and how to respond in emergency situations. School personnel include staff who have regular contact with a student who has an DMP and the school nurse or trained staff at in-person testing locations. The notification of the active Diabetes Management Plan will include the student's condition, any testing accommodations, information from the DMP on how to provide recommended care, insulin dosing if applicable, and parental and emergency contact information.

Once the DMP has been completed, please send it to the Student Health and Wellness Coordinator at abokuniewicz@flvs.net. It will go into effect once received.

You may exercise your parental right to decline having a Diabetes Management Plan on file for your student. If you decline submitting an DMP, please sign this form and send it to our Student Health and Wellness Coordinator at abokuniewicz@flvs.net. Please note that if your student were to experience severe symptoms related to their diabetes around school personnel, 911 and emergency services will be contacted.

I decline submitting a Diabetes Management Plan and acknowledge the steps school personnel will take should my student experience severe symptoms related to their diabetes.

Signature of parent/legal guardian

Date

Printed Name of parent/legal guardian

Preferred Contact Number

Student Name

Grade Level

