

School Communication Book

Information leaflet



Oxfordshire Children's
Diabetes Service



Notes

Personal details

Name:

Home phone number:

Emergency contact: Number 1

Name:

Relationship to child:

Contact number:

Emergency contact: Number 2

Name:

Relationship to child:

Contact number:

Emergency contact: Number 3

Name:

Relationship to child:

Contact number:

Date:

Snacks:

Time	BG/Sensor	Item	Carbs (g)	Units of insulin given

Lunch:

Item	Carbs (g)	Time	BG/Sensor
	Total carbs (g)	Units of insulin given	Time
Signed			

Extra BG/Sensor Checks:

Time	Action	Signed

Comments:

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Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Elaine O’Hickey, PDNS Oxford Children’s Hospital
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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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