

Childhood Diabetes Database School Reporting Form

Parent or Legal Guardian:

As required by Oregon law, the Oregon Department of Human Services, Public Health Division, in cooperation with the Oregon Department of Education and your child's school, is collecting information for a database on type 1 and type 2 diabetes among children in Oregon. Practitioners are also reporting to the database. The purpose of this database is to track the number of cases of diabetes among children in the state. (For more information refer to the "Childhood Diabetes Database Information" sheet supplied by your school nurse.)

Reporting information to the Childhood Diabetes Database is completely voluntary, and you may refuse to participate without any penalty. All information reported to the Department of Human Services is confidential and privileged under ORS 444.330.

If you have any questions or would like more information about this reporting form or the database, you may contact your child's school nurse.

<u>Agreement</u>

Your signature below indicates that you agree to allow the information recorded on this form to be reported to the Childhood Diabetes Database. Someone from the Public Health Division may contact you for clarification or supplemental information.

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Signature of Parent or Legal Guardian:		·	_ Date:	
Parent or Legal Gu	uardian Name (printed):		•	
Relationship to St.	udent (printed)			
Please type or prin	t clearly:			•
Reporting School:	Lane Child and Family C	enter ".	, 4J	
	School Name,		District	
School Staff Contac	t Name: Ronning		Department	Coordinat
	Last Name,	First Name,	Title	
Student Name:		Prof. 8 (8)	-	
:	ast Name,	First Name,		MI
Student Secure Iden	ntification Number (SSID): <u>NA</u>	<u> </u>		
Student Address:				
	Street Number or P.O. Box, Stre	et Name		
			• •	•
City,	State, Zip Code	Phone (Optional)		
Male 🗌 Female	Date of Birth:/_/	Email:		
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Diabetes Diagnosis: T	ype 1 Type 2 Unknown	Date of Diagn	osis:/	
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	Last Name.	First N	lame	

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