

### School Letter Request Form

Kindly fill out the following form in its entirety and return to [gpaguio@peds.ufl.edu](mailto:gpaguio@peds.ufl.edu) or fax to Glenna at 352-265-0857. If you have questions, call Glenna at 352-294-5099.

Patient's Name	
Date of birth	
Fax no. of school/ where to send the letter/ Who to address the letter	
Breakfast time (please indicate if taken at home/school)	
Time school starts	
Time school ends	
Afterschool/Time	<input type="checkbox"/> Yes <input type="checkbox"/> No /
Transportation to school/time	
Transportation from school/time	
Gym/recess time (if known)	
School lunch time (if known)	
Snack time at school (parent preference)	
Most current cornstarch schedule during school time & afterschool (if applicable).	Time - Dose - liquid to mix
How cornstarch is taken at school?	<input type="checkbox"/> Oral <input type="checkbox"/> G-tube
Blood sugar checks at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 <sup>st</sup> __ weeks of school <input type="checkbox"/> Other Days/Times to check:
Special accommodations/ requests to include in the letter?	