

Date:

TO WHOM IT MAY CONCERN

Student's Name:

DOB:

Subject: Accommodations Needed During --- Exams

This is to inform you that **[Insert Name of the child]** is **[Insert Age]** years old and was diagnosed with Type1 diabetes in [Insert year of Diagnosis]. [He/she] is currently using **[Insert Diabetes Devices]** to manage [his/her] blood glucose levels.

Kindly allow **[Insert Child's first name]** to have the below during the exams:

1. A pouch containing a Glucometer device, glucose testing strips, and lancets for checking blood glucose levels. These may be kept with an Invigilator/Teacher and given to the child promptly as needed.
2. Glucovita Bolt, glucose tablets, glucose powder, or sugar for treating low blood sugar levels.
3. [An Insulin Pump, attached to the student's body to supply insulin continuously/] CGM (Continuous Glucose Monitoring/FGM (Flash Glucose Monitoring). We request permission to be given to retain the devices during exams as they are attached to the child's body. In case a smartphone is used as a reader, it may be handed over to the Teacher/invigilator to monitor the blood sugar levels.
4. A water bottle for hydration.
5. Medicines and snacks (biscuits, peanuts, dry fruit, or Juice boxes) to treat low blood sugar should be allowed into the exam hall and kept with the teacher and if required shall be given to children during the examinations.

During an exam, the child can have abnormally low or high glucose levels. In such situations, the child needs to cross-check with a glucometer and if blood glucose is low (<70 mg/dl), the child needs to correct it with glucose tablet, powder, or sugar and recheck glucose levels after 10 mins. If it is still below 70 mg/dl, the child needs to repeat treatment until glucose levels are above 70 mg/dl. This should be followed by eating a snack. If the glucose levels are high, the child needs to correct it with an extra dose of insulin.

[Please allow **[child's first name]** extra time during the exam if needed to accommodate the above-mentioned situations]

Please contact us for any further information.

[Doctor Signature]

{Name, address, and other details with stamp}