

Date: [Insert Date]

To: [Principal Name] / [School Nurse Name] / [Food Services Department]

School Name: [Insert School Name]

Subject: Meal and Snack Accommodations for [Student Name] (Grade: [Insert Grade])

Dear School Administration and Health Staff,

This letter is to formally request meal and snack accommodations for my child, [Student Name], who has Type [1 or 2] Diabetes. To ensure their safety and blood sugar stability during school hours, the following accommodations are required as part of their medical management:

- **Carbohydrate Counting:** Access to the nutritional information and carbohydrate counts for all school-provided meals and beverages.
- **Scheduled Snacks:** Permission to eat a snack at [Insert Time(s)] or whenever their blood sugar level requires it, including during instructional time.
- **Unrestricted Access to Water:** Permission to carry a water bottle and have unrestricted access to the restroom, as hydration is critical for blood sugar management.
- **Treatment of Hypoglycemia:** Immediate access to fast-acting glucose (such as juice or glucose tabs) anywhere on school grounds, including the classroom and gym.
- **Flexible Meal Timing:** If blood sugar levels are high or low, [Student Name] may require a delay or an immediate adjustment to their meal schedule.

I have attached the official Medical Management Plan (504 Plan) signed by [Student Name]'s endocrinologist, which provides specific dosing and treatment instructions.

Please confirm receipt of this letter and let me know if a meeting is required to discuss these needs before the school year begins.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email]