



**JDRF TypeOneNation Summit
Saturday, March 2, 2019**

REGISTRATION FORM:

Child's Name _____ Age _____

Parent's Name _____ Parent's Cell _____

- Can child recognize lows? (Circle One): Yes / No
- Blood glucose levels should NOT go below: _____

Please initial next to each statement to indicate that you grant permission and understand:

_____ I hereby give JDRF permission to take photographs, video, and/or audio recordings of my child.

_____ I understand that I cannot leave the hotel premises without my child.

Please complete this portion the morning of the event:

- Child's Blood Glucose Now _____
- Last Insulin Dose in Units _____
- Time that Dose was Last Given _____

Parent Signature _____

Date _____