



JDRF TypeOneNation Summit
Saturday, March 7, 2020

REGISTRATION FORM:

Child's Name _____ Age _____

Parent's Name _____ Parent's Cell _____

- Does child have T1D? (Circle One): Yes No
- If Yes, 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: (if applicable)

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

Parent Signature _____

Date _____