



Community Education for Diabetes 2022

Caring for a child
with diabetes



When your child needs a hospital, everything matters.™

Nationwide Children's Hospital
ATTN: Community Education
700 Children's Drive
Columbus, OH 43205-2696



When your child needs a hospital, everything matters.™

Community Education for Diabetes 2022

Registration Form

Community Education for Diabetes 2022

Program Description

Introduction of basics diabetes management for adults who care for children with diabetes.

Intended Audience:

This program is designed for adults who care for a child or children with diabetes, such as parents, teachers, pre-k group leaders, childcare center or after-school program staff, school nurses, grandparents and/or adult babysitters. This class is for adult learners only. Please do not bring children to this class.

Topics

- What is Diabetes?
- What is Happening in the Body?
- Answering your Questions about Diabetes
- Monitoring Blood Sugar
- Giving Medicines
- What to do if Blood Sugar is too Low or too High
- Nutrition
- Exercise
- Resources

Dates

February 16

May 18

August 3

October 19

Time

1-4 p.m.

Cost

\$10 per person

Registration fee includes educational materials and instruction.

Location

All classes will be held using a virtual format. You will receive details and information regarding your class with your paid registration.

Confirmation

A confirmation email with directions will be sent to all class participants

Cancellation Policy

If you are unable to attend, please notify us as soon as possible at (614) 355-0589 or

CommunityEducation@NationwideChildrens.org.

Refunds will be given minus 30% for administrative costs until two weeks before the class. After this time, no refunds will be given.

Questions

Please email

CommunityEducation@NationwideChildrens.org

or call (614) 355-0589.

Name: _____

Address: _____

City _____ State ____ Zip _____

County _____

Center/agency/program (if applicable)

Daytime phone: _____

E-mail: _____

Class selection:

February 16

May 18

August 3

October 19

Payment:

Cash Check Visa MasterCard

Credit Card # _____

Name on Card: _____

Exp. Date _____ Amount Enclosed \$ _____

Make checks payable to Nationwide Children's Hospital.

Mail payment with this form to:

Community Education

Nationwide Children's Hospital

700 Children's Drive

Columbus, OH 43205

For online registration visit our website at:

NationwideChildrens.org/Edu