



# Community Education for Diabetes 2021

Caring for the child in a  
non-home setting



**NATIONWIDE  
CHILDREN'S**

*When your child needs a hospital, everything matters.™*

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



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# Community Education for Diabetes 2021

## Registration Form Community Education for Diabetes 2021

### Program Description

Introduction of basics diabetes management for people who care for children in a non-home setting.

### Intended Audience:

Those who care for children with diabetes in a non-home setting such as pre-k, childcare centers, after school programs, grandparents or adult babysitters.

### 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 17, 2021

June 16, 2021

October 20, 2021

### Time

1-4 p.m.

### Cost

\$10 per person

Registration fee includes educational materials and instruction.

### Location

This class is in a virtual format online via Webex. Participants will be sent an invitation including a link to join the program.

### Confirmation

A confirmation email will be sent to all who register at least one week before the class. After that time, no confirmation will be sent.

### Cancellation Policy

If you are unable to attend, please notify us as soon as possible at (614) 355-0589 or [CommunityEducation@NationwideChildrens.org](mailto: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](mailto: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 17

June 16

October 20

### 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](http://NationwideChildrens.org/Edu)