



Community Education for Diabetes 2020

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



**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.™

Community Education for Diabetes 2020

Registration Form Community Education for Diabetes 2020

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. All attendees will receive a certificate of completion.

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 26, 2020

April 29, 2020

August 19, 2020

October 21, 2020

Time

8 a.m. – Noon

Cost

\$10 per person

Registration fee includes educational materials and instruction.

Location

Nationwide Children's Hospital Main Campus
Education Center
700 Children's Drive, Columbus, OH 43205

Parking

Parking is available in the Outpatient Care Center garage, located on the corner of 18th St. and Mooberry. The fee is \$2 per exit.

Confirmation

A confirmation email with directions 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. 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 26

April 29

August 19

October 21

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