Diabetes Care Plan for _____________________________ School _______________________ Year __________

To be completed by parents/Health care team and reviewed with necessary school staff. Copies should be kept in student's classrooms and school records.

Date of Birth: _________________________________Grade: _________ Homeroom Teacher: ______________

CONTACT INFORMATION:

Parent/guardian #1: ________________________________ Address: ____________________________________
Primary ph #: ____________________________ Second ph #: _______________________________

Parent/guardian #2: ________________________________ Address: ____________________________________
Primary ph #: ____________________________ Second ph #: _______________________________

Doctor/Health care provider: ______________________________________ ph#: _________________________

Other emergency contact: ____ Relationship: _________________

Primary ph #: ____________________________ Second ph #: _______________________________

Notify parent/guardian in the following situations: ____

____

INSULIN (PUMP)

Type of pump: ____________________________ Type of insulin in pump: _______________________________

Type of infusion set: ________________________ Insulin/carb ratio: ____________________________________

Correction factor: __________________________ Is student competent regarding pump? ___ YES ___ NO

Can student effectively troubleshoot problems? ___ YES ___ NO Needs help with: _______________________

Basal rates: ____ 12 am to _____, _____ _____ to _____, _____ _____ to _____, _____ _____ to _____

BLOOD GLUCOSE MONITORING Target range for blood glucose: _____mg/dl to _____mg/dl

Type of blood glucose meter student uses: __________________

Usual times to test blood glucose: ____

Times to do extra tests (check all that apply): _____ When student exhibits symptoms of Hyperglycemia

____ When student exhibits symptoms of Hypoglycemia _____ Before exercise _____ After exercise

_____ Other (explain): ____

Can student perform own blood glucose tests? _____ YES _____ NO Exceptions: _________________________

LOCATION OF SUPPLIES All supplies are to be provided by the family.

Blood glucose monitoring equipment: ___________________________ Snack foods: ______________________

Insulin administration supplies: _______________________ Ketone testing supplies: _______________________

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HYPOGYLCEMIA (Low Blood Sugar)

Usual symptoms of **low** blood sugar: ____

Treatment of **low** blood sugar: ____

Glucagon should be given if the student is unconscious, having a seizure, or unable to swallow. If glucagon is required, administer it promptly. Then call 911 (or other emergency assistance) and the parents/guardians. *S*ite for glucagon injection: _______________. Glucagon emergency kit is kept in the following location:

____

HYPERGLYCEMIA (High Blood Sugar)

Usual symptoms of high blood sugar: ____

Treatment of high blood sugar: ____

Urine should be checked for ketones when blood glucose levels are above _______ mg/dl.

Treatment for ketones: ____

EXERCISE AND SPORTS Student should **not** exercise if blood glucose level is below _____ mg/dl

A fast-acting carbohydrate, such as _____________________________ should be readily available at all times.

Restrictions on activity. if any: ____

MEALS AND SNACKS EATEN AT SCHOOL All snacks are to be provided by the family

Is the student independent in carbohydrate calculations and management? ___ Yes ___ No

Meals/Snack	Time	Food content/amount
Mid- morning snack	_____________	________________________________
Lunch	_____________	________________________________
Mid-afternoon snack	_____________	________________________________

Snack before exercise? ___ yes ___no Snack after exercise? ___ yes ___ no

A source of glucose, such as ___________________________________ should be readily available at all times.

Other times to give snacks and content/amount: ____

Preferred snack foods: _________________________ Foods to avoid, if any: ___________________________

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Parent/guardian signature/Date: ____

School personnel Signature/Date: ____