



Parental Request for Individual Diabetes Care Plan

Student/Grade/Academic Partner: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: cell/work/home \_\_\_\_\_

I hereby request that an Individual Diabetes Care Plan be developed and implemented for my child. I authorize Pine Lake Preparatory to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by a health care provider and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I decline to have an Individual Diabetes Care Plan developed and implemented for my child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Provider Information**

Current Physician/Health Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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Dear \_\_\_\_\_, Date \_\_\_\_\_  
Your request for the development and implementation of an Individual Diabetes Care Plan for \_\_\_\_\_ has been received. If you have questions please contact \_\_\_\_\_ at \_\_\_\_\_. Thank you for your request.

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Effective Dates for Plan: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Bus #/Transportation \_\_\_\_\_

## Diabetes Care Plan

### Parent/Guardian Responsibilities

*Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.*

The parent/guardian will provide the school with a written request for a Diabetes Care Plan and will work with student's health care provider and school personnel in preparing the Diabetes Care Plan. The parent/guardian will provide the school with the following materials, equipment, and information needed for student's diabetes care:

1. **Diabetes Care Plan**
  - Provide a written request for a diabetes care plan for your child. (Using the "Diabetes Care Plan Request" form available from your child's school will speed up the implementation of the diabetes care plan.)
  - Obtain a blank "Diabetes Care Plan" and work with health care provider and school personnel to complete the form with the information needed to take care of your child's diabetes at school. A new plan must be filed each school year.
  - Obtain signatures needed for the diabetes care plan.
  - Obtain "Medication Authorization" and "Authorization for Self-Medication by Students" forms from school for completion by student's health care provider
  - Return the completed plan and medication authorizations as soon as possible. Without these documents, school personnel will be limited in the help that they can provide. The student, parent/guardian, or 911 responders (in the event of an emergency) may have to assume responsibility for diabetes care until these documents are signed and returned to the school and the diabetes care plan can be implemented.
  - Provide school with diabetes supplies and snacks needed for student's care.
2. **Emergency phone numbers for the parent/guardian and student's diabetes care team**
  - Provide school staff with names and phone numbers of appropriate individuals to contact for routine care and emergencies.
3. **Blood sugar testing supplies**
  - Parent/guardian is responsible for the maintenance of the blood sugar testing equipment (i.e., cleaning and performing controlled testing per the manufacturer's instructions).
  - Provide written instructions about student's blood sugar testing schedule and assistance needed.
4. **Insulin administration supplies and back-up supplies for insulin pump users, if needed**
  - Provide written instructions about student's insulin requirements and assistance needed.
5. **Ketone testing supplies to check blood or urine, if needed**
  - Provide written instructions about when to check for ketones.
  - Provide written instructions about measures to take if ketones are present.
6. **Supplies and instructions about treating low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia)**
  - Provide written instructions about how to manage student's low or high blood sugar levels.
  - Provide snacks, a source of fast sugar, and a glucagon emergency kit, if ordered by health care provider.
  - Provide recent photo of student for emergency identification purposes.
  - Provide student with medic alert identification and encourage student to wear medic alert I.D. at school.

7. **A logbook to be kept at school**
  - o Provide a logbook to be kept with diabetes supplies for the recording of test results. Blood sugar values provided to the parent/guardian for review as often as requested.
8. **A container or other appropriate means to ensure proper disposal of used diabetes supplies**
9. **Information about the student's meal/snack schedule**
  - o Work with the school to coordinate this schedule with that of other students to the safest extent possible.
  - o Provide instructions for food during school parties and other activities.
  - o Provide snacks that can be used to prevent or correct low blood sugars.
  - o Provide information about preferred foods and foods to avoid.
10. **Quick Reference Plan for Student with Diabetes**
  - o Obtain a "Quick Reference Plan" from school and complete.
  - o Return the completed plan to teacher/school administrator.
  - o The completed "Quick Reference Plan" will be provided to bus driver, substitute teachers, field trip chaperones, and other adults involved in the care or education of student.
11. **Information about diabetes and the performance of diabetes-related tasks**
  - o Provide general diabetes information, as well as information specific to the student.
12. **Replacement supplies needed for diabetes care**
  - o Check diabetes supplies and snacks on hand at school on a regular basis.
  - o Provide additional supplies before existing ones run out.
13. **Information about changes in student's health status or medical management**
  - o Provide school staff with updates involving student's condition or diabetes care as soon as possible.
  - o A new diabetes care plan may have to be completed and filed, depending on changes.
  - o A new diabetes care plan *must* be completed and filed before the start of each new school year to ensure that student receives appropriate diabetes care at school.
14. **Note signed by student's health care provider to obtain an excused absence for health care appointments**
  - o Follow up with teacher(s) to obtain make-up assignments for excused absences.
  - o Make sure that student completes missed work within the time frame allowed by school policy or that has been negotiated with teacher.

Parent /Guardian (Signed)	Date	School Nurse, Teacher, or Administrator	Date Received
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*One copy to be kept by parent/guardian*

*One copy to be kept with student's diabetes care plan*

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Effective Dates for Plan: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Bus # / Transportation \_\_\_\_\_

# Diabetes Care Plan

## School Responsibilities

*Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.*

The school will inform the parent/guardian of each identified student with diabetes about the availability and nature of an individualized care plan to manage the student's diabetes at school. At the written request of the parent/guardian, the school will develop, implement, and maintain an individualized care plan for the student with diabetes.

1. **The Diabetes Care Plan will:**
  - o Be developed prior to the student's enrollment in school or as soon as the need for a plan is identified.
  - o Be developed by the parent/guardian, the student, the student's health care provider, the school nurse, where available and appropriate school personnel using the Diabetes Care Plan form and appropriate care attachments.
  - o Be reviewed annually, with a new plan developed for each school year.
  - o Be reviewed whenever changes occur in the student's health status or medical treatment, with a new plan developed if necessary.
  - o Contain provisions for both routine and emergency diabetes care.
  - o Provide a separate "Quick Reference Plan" for bus drivers, substitute teachers, field trip chaperones, and other school personnel involved in the student's care or education.
  - o Specify the extent of the student's ability to participate in his/her diabetes care.
  - o Specify the roles and expectations of the parent/guardian, the student, and school personnel in providing assistance to the student during school and extracurricular activities and any special arrangements that be necessary.
  
2. **The school will provide training to all school personnel who provide education or care for the student about:**
  - o Information about diabetes
  - o Symptoms and treatment of low blood sugar (hypoglycemia)
  - o Symptoms and treatment high blood sugar (hyperglycemia)
  - o Information about emergency procedures.
  
3. **The school will provide training to two or more staff members trained in the following procedures, conducted in accordance with the student's individualized diabetes care plan, to ensure that at least one trained adult is present to perform these procedures in a timely manner while the student is at school, on field trips, and during extracurricular activities or other school-sponsored events:**
  - o Perform or supervise finger-stick blood sugar monitoring and record the results in student's logbook.
  - o Perform or supervise insulin administration.
  - o Give fast sugar for low blood sugar (hypoglycemia) or glucagon for severe low blood sugar reactions.
  - o Assist with insulin pump operation and insulin administration.
  - o Take appropriate actions for blood sugar levels outside of the target ranges according to student's diabetes care plan.
  - o Test the urine or blood for ketones when necessary and respond to the results of this test.
  - o Contact parent/guardian and health provider as indicated in student's diabetes care plan.
  
4. **The school will provide two or more staff members responsible for knowing the schedule of the student's meals and snacks. These staff members will:**
  - o Work with the parent/ guardian to coordinate this schedule with that of other students as closely as possible.
  - o Notify the parent/guardian in advance of any expected changes in the school schedule that affect the student's meal time or exercise routine.
  - o Remind young children of snack times, including designated snack times or those in conjunction with physical activity.

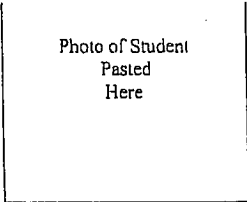
5. The school will ensure that the student has immediate access to supplies and the assistance of a staff member trained in the treatment of low blood sugar (hypoglycemia). The school will also:
  - o Make treatment for low blood sugar (hypoglycemia) available as close as possible to student's location, including the classroom, indoor and outdoor physical education activities, school evacuations for fire drills, bomb threats or other emergencies, and other school-related events or activities. Students must have immediate access to their supplies at all times.
  - o Supervise student until appropriate treatment has been administered. Student should not be left unattended or sent through school hallways alone with a low blood sugar.
  - o Provide student with emotional support and positive regard to help prevent student from experiencing embarrassment, criticism, ridicule, or undue attention because of his/her diabetes.
  
6. The school will provide an appropriate location in the school to provide privacy and/or convenience, as requested by student or parent/guardian, for:
  - o Blood sugar testing
  - o Ketone testing
  - o Insulin administration
  - o Insulin and glucagon storage
  - o Insulin pump care or infusion site change
  - o Treatment for hypoglycemia (low blood sugar)
  - o Treatment for hyperglycemia (high blood sugar)
  
7. The school will give permission for the student to:
  - o See school medical personnel upon request.
  - o Eat a snack anywhere, including the classroom or the school bus, to prevent or treat low blood sugar).
  - o Test blood sugar levels wherever and whenever necessary and to take immediate corrective actions if student is able to demonstrate:
    - o Accurate finger-stick technique
    - o Appropriate infection control
    - o Appropriate disposal of sharps
    - o Ability to interpret blood sugar results
    - o Ability to administer appropriate corrective measures if necessary
  - o Test and treat blood sugar levels during school testing to ensure optimal academic performance.
  - o Miss school without consequences for required medical appointments to monitor the student's diabetes management. This should be an excused absence with a doctor's note.
  - o Use the restroom and have access to fluids (i.e., water) as necessary.
  - o Have immediate access to diabetes supplies at all times, with supervision as needed. Immediate access includes permission for student to carry his/her supplies in book bag or on person.
  
8. As needed, the school will incorporate the following attachments into the student's Diabetes Care Plan and will make them available to parent/guardian and appropriate school personnel:
  - o Request for diabetes care plan
  - o Medication authorization
  - o Authorization for self-medication by students
  - o Student health history
  - o Release of medical information
  - o An individualized "Quick Reference Plan for Student with Diabetes"
  - o Information sheet "What School Personnel Should Know About the Student with Diabetes"
  - o Symptoms and treatment of low blood sugar (hypoglycemia)
  - o Symptoms and treatment of high blood sugar (hyperglycemia)
  - o Request for modified diet
  - o Log sheets to record blood sugar levels and insulin given
  - o Insulin pump information
  - o Other instructions or information necessary for student's diabetes care

Parent /Guardian (signed)	Date	School Nurse, Teacher, or Administrator	Date Received
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One copy to be kept by parent/guardian

One copy to be kept with student's diabetes care plan

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_  
 Bus # / Transportation \_\_\_\_\_ Date of Diabetes Diagnosis \_\_\_\_\_  
 Effective Dates for Plan: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Type \_\_\_\_\_ Diabetes



## DIABETES CARE PLAN

*Parent/Guardian:* Complete this plan with the assistance of your child's health care provider and the school nurse/administrator. The diabetes care plan requires the signature of the student's parent/guardian and health care provider. Return the completed, signed plan to the school. Attach other instructions/forms if needed.  
*Health Care Provider:* Review this diabetes care plan and make any necessary changes or additions. Sign and return the plan to parent/guardian or school.

Parent/Guardian 1: \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone (Home #) \_\_\_\_\_ (Work #) \_\_\_\_\_ (Cell #) \_\_\_\_\_  
 Parent/Guardian #2: \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone (Home #) \_\_\_\_\_ (Work #) \_\_\_\_\_ (Cell #) \_\_\_\_\_  
 Physician Treating Student for Diabetes: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Other Physician: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Nurse or Diabetes Educator: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Other Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone (Home #) \_\_\_\_\_ (Work #) \_\_\_\_\_ (Cell #) \_\_\_\_\_  
 Trained School Diabetes Care Providers: \_\_\_\_\_  
 Where are student's diabetes supplies kept? \_\_\_\_\_ Does the student wear a medic alert? YES NO  
 Notify parents in the following situations: \_\_\_\_\_

### EMERGENCY ACTION PLAN

#### LOW BLOOD SUGAR (Hypoglycemia)

##### SYMPTOMS

Hunger, sweating, trembling, pale appearance, inability to concentrate, confusion, irritability, sleepiness, headache, dizziness, crying, slurred speech, poor coordination, personality change, complains of feeling "low," blood sugar below \_\_\_\_\_ mg/dl.

Call parent/guardian and health care provider if blood sugar below \_\_\_\_\_ mg/dl.

Symptoms of low blood sugar for this student: \_\_\_\_\_

Times student is most likely to experience a low blood sugar: \_\_\_\_\_

Where are glucose tablets and snacks kept? \_\_\_\_\_

Has health care provider authorized use of glucagon? YES NO      Where is glucagon kept? \_\_\_\_\_

Name(s) of school diabetes care provider trained to administer glucagon: \_\_\_\_\_ How to locate trained school diabetes care provider (s): \_\_\_\_\_

##### TREATMENT FOR LOW BLOOD SUGAR (Hypoglycemia)

- If student is conscious, cooperative, and able to swallow:
- o Give fast sugar immediately, such as glucose tablets, fruit juice, regular soda, glucose gel, or \_\_\_\_\_
  - o Amount of fast sugar to be given: \_\_\_\_\_
  - o If symptoms do not improve in \_\_\_\_\_ minutes, give fast sugar again.
  - o When symptoms improve, provide an additional snack of \_\_\_\_\_
  - o Check blood sugar level every \_\_\_\_\_ minutes until it is above \_\_\_\_\_.
  - o Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.
  - o Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of low blood sugar episode.
  - o If symptoms worsen, call 911, parent/guardian, and health care provider. Glucagon, if authorized by student's health care provider, may be needed if student becomes unconscious, has a seizure, or is unable to swallow

- If student is unconscious, experiencing a seizure, or unable to swallow:
- o Contact trained school diabetes care provider or school nurse immediately to inject emergency glucagon, if authorized for student.
  - o Call 911, parent/guardian, and health care provider.      Glucagon dosage (if authorized): \_\_\_\_\_
  - o Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
  - o Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.
  - o Other instructions for treating low blood sugar: \_\_\_\_\_

**SYMPTOMS**

Frequent urination, excessive thirst, nausea, vomiting, dehydration, sleepiness, confusion, blurred vision, inability to concentrate, irritability, blood sugar above \_\_\_\_\_ mg/dl.

Call parent/guardian and health care provider if blood sugar is over \_\_\_\_\_ mg/dl.

Symptoms of high blood sugar for this student: \_\_\_\_\_

Where are insulin and ketone testing supplies kept? \_\_\_\_\_

**TREATMENT FOR HIGH BLOOD SUGAR (Hyperglycemia)**

- o Contact trained school diabetes care provider who will provide insulin administration, insulin pump care, and ketone testing.
- o To correct high blood sugar, give insulin: \_\_\_\_\_ units for every \_\_\_\_\_ mg/dl over \_\_\_\_\_
- o Check for ketones if blood sugar is above \_\_\_\_\_. Check blood sugar again in \_\_\_\_\_ and at \_\_\_\_\_ intervals.
- o Allow free and unlimited use of bathroom. Encourage student to drink water or other sugar-free liquid
- o If moderate or higher ketones are present, call health care provider and parent/guardian immediately.
- o If symptoms worsen or the student begins vomiting, call health care provider and parent/ guardian immediately.
- o Other instructions for treating high blood sugar \_\_\_\_\_

**BLOOD SUGAR MONITORING**

Target range of blood sugar: \_\_\_\_\_ to \_\_\_\_\_ Type of Meter: \_\_\_\_\_ Logbook kept at school? YES NO

What help will student need with blood sugar testing? \_\_\_\_\_

Usual times for student to test blood sugar: \_\_\_\_\_

Other times when blood sugar testing may be needed: \_\_\_\_\_

Other instructions: \_\_\_\_\_

**INSULIN AND ORAL MEDICATIONS**

TIME (For insulin at school)	TYPE OF INSULIN	INSULIN DOSAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSULIN INJECTIONS**  
**Does student know how to:**

Give own injections?	YES NO
Determine correct insulin dose?	YES NO
Draw up correct insulin dose?	YES NO
Handle and dispose of needles safely?	YES NO

Will student need insulin at school? YES NO Where is insulin kept at school? \_\_\_\_\_

What help will student need with insulin injections? \_\_\_\_\_

Insulin/carbohydrate ratio for meals/snacks: \_\_\_\_\_ units for every \_\_\_\_\_

High blood sugar correction ratio: \_\_\_\_\_ units for every \_\_\_\_\_ mg/dl over \_\_\_\_\_

**FOR STUDENTS ON INSULIN PUMPS:**

Type of pump: \_\_\_\_\_ Type of insulin used in pump: \_\_\_\_\_

Insulin/carbohydrate ratio for meals/snacks: \_\_\_\_\_ units for every \_\_\_\_\_

High blood sugar correction ratio: \_\_\_\_\_ units for every \_\_\_\_\_ mg/dl over \_\_\_\_\_

Back-up means of insulin administration? \_\_\_\_\_

What help will student need with pump? \_\_\_\_\_

**INSULIN PUMPS**  
**Does student know how to:**

Operate the pump without assistance?	YES NO
Change infusion site?	YES NO
Change tubing?	YES NO
Change batteries?	YES NO
Change insulin cartridge?	YES NO
Determine bolus amount?	YES NO
Give bolus?	YES NO
Adjust basal rates?	YES NO

ORAL MEDICATIONS: \_\_\_\_\_

**FOOD AND EXERCISE**

MEAL/SNACK	TIME	FOOD CONTENT / AMOUNT
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

**PREFERRED SNACKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOODS TO AVOID:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student should not exercise if blood sugar is below \_\_\_\_\_ mg/dl OR above \_\_\_\_\_ mg/dl.

Other exercise/activity instructions: \_\_\_\_\_

Parent/Guardian (Signed)	Date	Health Care Provider (Reviewed and signed)	Telephone Number	Date	School Nurse/Administrator  Date Received
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Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_  
 Bus # / Transportation \_\_\_\_\_ Date of Diabetes Diagnosis \_\_\_\_\_  
 Effective Dates for Plan: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Type \_\_\_\_\_ Diabetes

Photo of Student  
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## Quick Reference Plan for Student with Diabetes

*Parent/Guardian:* Complete and sign this Quick Reference Plan. Give a copy to your child's teacher and/or school administrator.  
*Teacher:* Keep a copy for your reference and provide a copy to field trip chaperones, bus drivers, substitute teachers, and other school personnel as needed.

- o This student has Type \_\_\_ diabetes. Diabetes is a serious, chronic disease that can result in: a) low blood sugar (hypoglycemia), which is an acute emergency condition; or, b) high blood sugar (hyperglycemia), which can lead to serious medical complications and life threatening diabetic coma.
- o Low blood sugar can create a true emergency and can be life threatening if not treated promptly.
- o Low blood sugar is characterized by shakiness, headache, sleepiness, pale appearance, irritability, hunger, and other symptoms.
- o If a student has a change in behavior or level of consciousness, becomes lethargic, combative, or unconscious, or has a seizure or convulsion, then it must be presumed to be due to low blood sugar and should be treated as a low blood sugar emergency. **IMPORTANT: A student with low blood sugar should never be left alone. Treat a low blood sugar immediately.**

1. **Emergency Contacts:**  
 Parent/Guardian \_\_\_\_\_  
 Health Care Provider \_\_\_\_\_  
 Trained School Diabetes Care Providers (names and how to locate) \_\_\_\_\_

2. Diabetes supplies located in \_\_\_\_\_

3. **Symptoms of Low Blood Sugar (Hypoglycemia)**

Student complains of feeling "low" or says he/she is having an "insulin reaction." Student may experience one or more of the following symptoms:

tiredness	headache	weakness	irritability	slurred speech
shakiness	trembling	sleepiness	pale appearance	poor coordination
dizziness	sweating	clamminess	combative behavior	inability to concentrate
blood sugar below _____	confusion	hunger		

Other symptoms: \_\_\_\_\_

A low blood sugar would most likely, but not always, occur mid-morning, right before lunch, during or after physical activity/exercise, or \_\_\_\_\_. If in doubt, always treat for low blood sugar.

4. **Treatment of Low Blood Sugar (Hypoglycemia)**

If student is conscious, cooperative, and able to swallow:

- o Give fast sugar such as glucose tablets, glucose gel, fruit juice, regular soda, or \_\_\_\_\_
- o Follow with a snack of \_\_\_\_\_
- o Check blood sugar again in \_\_\_\_\_ minutes and at \_\_\_\_\_ intervals.
- o Contact trained school diabetes care provider as soon as possible for further assistance and instructions.
- o Do not leave student alone or allow him/her to leave the classroom alone.
- o Notify parent/guardian of low blood sugar episode.

If student is unconscious, experiencing a seizure, or unable to swallow:

- o Contact trained school diabetes care provider immediately to administer emergency glucagon injection, if authorized by health care provider in the student's individual diabetes care plan.
- o Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
- o Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.
- o Call 911, parent/guardian, and health care provider.
- o Other instructions for treating low blood sugar \_\_\_\_\_



5. Symptoms of High Blood Sugar (Hyperglycemia)

Student may experience one or more of the following symptoms:

frequent urination	excessive thirst	nausea	vomiting
dehydration	inability to concentrate	sleepiness	confusion
blood sugar above _____		blurred vision	irritability

Other symptoms: \_\_\_\_\_

6. Treatment of High Blood Sugar (Hyperglycemia)

- o Call parent/guardian and health care provider if blood sugar is over \_\_\_\_\_ mg/dl.
- o Contact trained school diabetes care provider who will provide treatment according to student's individual diabetes care plan, which may include the following actions:
  - o Test urine for ketones if blood sugar is over \_\_\_\_\_.
  - o Give insulin according to student's individual diabetes care plan.
  - o If student uses an insulin pump, check pump functioning, including batteries, insulin supply, tubing, and infusion site and take necessary corrective action.
- o Check blood sugar again in \_\_\_\_\_ minutes and at \_\_\_\_\_ intervals.
- o Allow free and unrestricted use of bathroom.
- o Encourage student to drink water or other sugar-free liquid.
- o If symptoms worsen or the student begins vomiting, call parent/guardian and health care provider immediately.
- o Other instructions for treating high blood sugar: \_\_\_\_\_

7. Snack Time(s): \_\_\_\_\_ Meal Time(s): \_\_\_\_\_

- o Snacks and meals must be eaten on time. If snack or meals are eaten late, low blood sugar can occur.
- o Extra time to eat snack or meal may be needed. Do not rush student through snack or meal. Allow student to finish eating.
- o If student does not eat most of snack or lunch, notify trained school diabetes care provider, school nurse, or parent/guardian.
- o Student may need insulin for food eaten. Contact trained school diabetes care provider for assistance.
- o Other food/insulin instructions \_\_\_\_\_

8. Routine Blood Sugar Testing Times: \_\_\_\_\_ Other Times: \_\_\_\_\_

- o A student with diabetes is allowed to carry diabetes supplies at school, test blood sugar levels wherever and whenever needed, and take immediate corrective action, all in accordance with his/her individual diabetes care plan. Diabetes supplies should be kept wherever the student is located.
- o Assistance, if any, student needs with blood sugar testing \_\_\_\_\_
- o Target blood sugar range: \_\_\_\_\_
- o Notify the trained school diabetes care provider, school nurse, or parent/guardian if blood sugar results are out of range.
- o Take appropriate steps to treat blood sugar (hypoglycemia) or high blood sugar (hyperglycemia).
- o Other blood sugar testing instructions \_\_\_\_\_

9. Exercise/Physical Education

- o Exercise and physical activity generally lowers blood sugar. If exercise is more strenuous or longer than usual, it can result in a low blood sugar reaction that needs immediate treatment.
- o The blood sugar lowering effects of exercise can begin shortly into the activity and can persist in the hours following the activity.
- o Extra snacks may be needed before, during, and/or after exercise. Instructions for snacks/exercise \_\_\_\_\_
- o Exercise is generally encouraged and students with diabetes should participate, except when blood sugar is below \_\_\_\_\_ or above \_\_\_\_\_ at the time of exercise.
- o Blood sugar level should be checked before and after exercise. Level should be checked during exercise if low blood sugar symptoms appear or if \_\_\_\_\_
- o Keep a fast-acting source of sugar available at all times during exercise, in case a low blood sugar occurs. Fast sugar includes glucose tablets, glucose gel, a juice box, a regular soda, or a tube of cake frosting.
- o Other instructions for exercise/activity \_\_\_\_\_

Parent/Guardian (Signed)	Date	Teacher, School Nurse, or Administrator	Date Received
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