American Diabetes Association

Health Care Plan for _____

School: _____

Effective Dates:_____

To be completed by parents and the student's health care team. This document should be reviewed with necessary school staff and kept with the student's school records and where easily accessible by staff in emergencies.

Student's Name: _____

Date of Birth: _____

Grade: _____ Homeroom Teacher: _____

CONTACT INFORMATION:

Parent/guardian #1:

Name: _____

Address: _____
_____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/guardian # 2:

Name: _____

Address: _____
_____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Providers:

Doctor:_____

Address: _____
_____

Telephone number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parent/guardian or emergency contact in the following situations:

_____

_____

BLOOD GLUCOSE MONITORING

Target range for blood glucose is _____ mg/dl to _____ mg/dl.

Usual times to test blood glucose: _____ _____

_____ _____

Times to do extra blood glucose tests (check all that apply)

_____ Before Exercise
_____ After Exercise
_____ When student exhibits symptoms of hyperglycemia
_____ When student exhibits symptoms of hypoglycemia
_____ Other (explain): _____

_____

Can student perform own blood glucose tests? Yes No

Exceptions: _____

Type of blood glucose meter student uses: _____

School personnel trained to monitor blood glucose level and dates of training:

_____

_____

_____

INSULIN

Types, times, and dosages of insulin injections to be given during school:

Time	Type(s)	Dosage

School personnel trained to assist with insulin injection and dates of training:

Can student give own injections? Yes No

Can student determine correct amount of insulin? Yes No

Can student draw correct dose of insulin? Yes No

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: _____ Basal rates: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)? Yes No

Comments: _____

MEALS AND SNACKS EATEN AT SCHOOL

The carbohydrate content of the food is important in maintaining a stable blood glucose level.

Meal/Snack	Time	Food content/amount
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____
Snack before exercise?	Yes No	_____
Snack after exercise?	Yes No	_____

Other times to give snacks and content/amount: _____

_____

_____

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

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: _____

_____

EXERCISE AND SPORTS

A snack such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

_____

Student should not exercise if her blood glucose level is below _____ mg/dl or above _____ mg/dl.

HYPOGLYCEMIA (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

_____

_____

Treatment of hypoglycemia: _____

_____

_____

_____

_____

School personnel trained to administer glucagon: _____

_____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If glucagon is required, it should be administered promptly. Then, 911 (or other emergency assistance) and the parents should be called.

HYPERGLYCEMIA (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

_____

_____

Treatment of hyperglycemia: _____

_____

_____

_____

_____

Circumstances when urine ketones should be tested: _____

_____

Treatment for ketones: _____

_____

School personnel trained to test for ketones: _____

_____

SUPPLIES AND PERSONNEL

Where are supplies for testing blood glucose levels kept? _____

_____

Where are supplies for administering insulin kept? _____

_____

Where are supplies for testing ketones kept? _____

_____

Where is glucagon kept? _____

_____

Where are supplies of snack foods kept? _____

_____

School personnel trained in the symptoms and treatment of high and low blood sugar and dates of training:

_____

_____

_____

SIGNATURES

This Health Plan has been reviewed by:

_____ _____

Student's Health Care Provider Date

Acknowledged and received by:

_____ _____

Student's Parent(s) or Guardian(s) Date

Acknowledged and received by:

_____ _____

School Representative Date