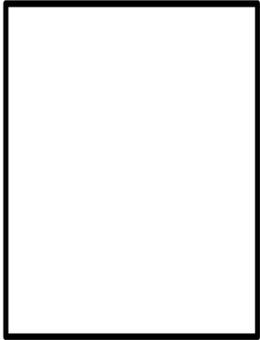


## Individual Health Plan: Diabetes School Setting



Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ School year: \_\_\_\_\_

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

Diabetes Medical Management Plan:  Yes  No\* Date of Plan: \_\_\_\_\_

\*If no Healthcare provider orders, only Emergency care can be provided

Health Concern:  Type 1 Diabetes:  Type 2 Diabetes  Other: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Contacts	Name	Relationship	Phone Number	Alternate Phone Number
1.				
2.				

Designated trained staff to provide support with diabetes care (Minimum 2):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Before school care:  No  Yes (Hours) \_\_\_\_\_

After school care:  No  Yes (hours) \_\_\_\_\_

Rides School Bus:  No  Yes (bus care plan required)

Bus # A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Student will eat  school lunch  lunch from home with carb counts

Schools must ensure a kit is accessible at all times (class, gym, field trips, lockdowns, fire drills, etc.). Advise parents when running low on supplies. Parents must maintain/refresh supplies.

Contents (check all that apply)	With Student	Classroom	Health Office	Other: _____
Blood glucose meter, test strips, lancets				
Fast acting snacks for low blood sugar				
Glucagon (expiry date: _____ )				
Sharps disposal container				
Ketones strips/meter				
Insulin pen, needles, insulin				
Extra batteries for meter				
Other:				

**Target Range:** \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl  
**Notify Parents if values BELOW** \_\_\_\_\_ mg/dl **or ABOVE** \_\_\_\_\_ mg/dl

**Insulin Type:** \_\_\_\_\_  
**Delivery Device:**  Pen  Syringe and vial  Pump (**Brand and Model**): \_\_\_\_\_ (site changes only done at home)

**Student's Self Care:** (Ability level to be determined by School Nurse and Parent with input from Healthcare Provider)

- Self-Managed:  No  Yes
- **\*If Yes attach required Consent and Release to Self-Carry and Self Administer Diabetes Care**

**Required Glucose Monitoring at School:**

- **Blood Glucose Meter:**  No  Yes
- Preferred place to check Blood Glucose:  Healthroom  Classroom  Other: \_\_\_\_\_
- **Continuous Glucose Monitor:**  No  Yes
- CGM alarms set for BG/BS LOW: \_\_\_\_\_ mg/dl HIGH: \_\_\_\_\_ mg/dl

<b>When to Check Blood Glucose:</b>			
As needed for signs/ symptoms of low/high blood glucose and/ or student does not feel well			
	Time:		Time:
<input type="checkbox"/> Before school care	_____	<input type="checkbox"/> Before recess	_____
<input type="checkbox"/> Before breakfast	_____	<input type="checkbox"/> Before leaving school	_____
<input type="checkbox"/> Before snack	_____	<input type="checkbox"/> After School Care	_____
<input type="checkbox"/> Before lunch	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Before P.E. (Days: _____)	_____		
Watch Continuous Glucose Monitor: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
Anytime symptoms don't match CGM value do fingerstick for BG. <input type="checkbox"/>			

**Supporting Students with Diabetes:**

1. Student is allowed to test blood glucose as needed anywhere in the school setting
2. Student may self carry fast acting sugar source as well as store fast acting sugar source in the classroom
3. Student's with diabetes who ride the bus should always carry a fast acting sugar source
4. Student will be allowed to carry a water bottle and have unrestricted bathroom privileges
5. Substitute teachers will be aware of the student's health concerns and necessary interventions
6. Students are allowed access to cell phone at all times when utilized for diabetes care.

**Additional Information**

**Class School Parties or Events with Food:** (Check all that apply)

In the event of a class party/ snack:

- Student may NOT eat the snack
- Student may eat the treat and give insulin dosage per providers Orders  
Snack Carb Ratio: \_\_\_\_\_
- Student able to determine whether to eat the snack
- Replace with parent supplied snack
- Contact Parent Prior to event for Instructions

504/ IEP on file:  Yes  No

**Field Trip Information and Special Events:**

- Notify parent and school nurse in advance so proper training can be accomplished
- Adult staff must be trained and responsible for student's needs on field trip
- Extra snacks, BG meter/ CGM, copy of health plan, glucagon, insulin and emergency supplies must accompany student on field trip
- Parent will attend all field trips with my student
- Trained staff need to accompany my student on field trips

Healthcare plan has been reviewed and signed by:

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Health Aide: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse/District Nurse: \_\_\_\_\_ Date: \_\_\_\_\_