Student Health Plan: Diabetes (Independent Management) ☐ Type 1 ☐ Type 2

Student:	_____	**DOB:**	_____	**Home Phone:**	_____
Mother:	_____	Work Phone:	_____	Cell Phone:	_____
Father:	_____	Work Phone:	_____	Cell Phone:	_____
Guardian:	_____	Phone:	_____		
School Nurse:	_____	Phone:	_____		
School:	_____	Grade:	_____	Teacher:	_____
Physician:	_____	Phone:	_____	Fax:	_____
Diabetes Educator:	_____	Phone:	_____		
Hospital of Choice:	_____	504 Plan on file:	☐ Yes ☐ No		

Student is independent with daily diabetes management and self-care

Blood Glucose Monitoring: Student is able to check as needed during the school day.

Target range: ___ mg/dl to ___ mg/dl.

NOTE: ***A comprehensive Individualized Health Plan is kept in the health office.***

Health Concern #1 **Low Blood Glucose (Hypoglycemia)**

Emergency situations may occur with low blood glucose.
Symptoms: shaky, feels low, feels hungry, confused

- Student is treated when blood glucose is below ___ mg/dl or if symptomatic.
- If treated outside the classroom, a responsible person should accompany student to the clinic.
- Follow directions on **Hypoglycemia Flow Chart**.

Health Concern #2 **High Blood Glucose (Hyperglycemia)**

Symptoms: increased thirst, increase in urination, headache, stomachache

- Student is treated when blood glucose is above ___ mg/dl.
- Follow directions on Hyperglycemia Flow Chart.

Call 911 for following

1. Student is unable to cooperate to eat or drink anything.
2. Decreasing alertness or loss of consciousness.
3. Seizure–never put anything into the mouth of a person who is unconscious or having a seizure. Roll student onto side and protect from injury.

NOTE: If Glucagon is prescribed and available, immediately contact delegated staff to administer.

Comments:

Medication at School: Insulin via: ☐ Pump ☐ Syringe ☐ Pen ☐ None
Glucagon: ☐ Yes ☐ No Location in school: _____
Staff delegated to administer Glucagon: _____

Additional Information:

1. **Student is allowed access to fast acting glucose and test blood glucose as needed.**
2. **Student will be allowed to carry a water bottle and have unrestricted bathroom privileges.**
3. **Substitute teachers must be aware of the student's health situation**
4. **Be aware that blood glucose levels can affect ability to concentrate and perform properly on tests.**
5. **Prior to and during timed tests, i.e., CSAPs, have student monitor their blood glucose. If blood glucose out of range during test, treat per care plan. Allow for student to continue taking test when student returns to normal range and asymptomatic.**
6. **Notify Parent(s) when blood glucose below ___ mg/dl or above ___ mg/dl and for emergencies**.

FIELD TRIPS AND SPECIAL EVENTS: Notify parents of all field trips and special events. Supervising staff will review Student Health Plan. Trained and delegated staff will provide necessary interventions for daily management and emergency care. All necessary supplies will accompany student during the trip and may include: blood glucose meter, snack and drinks, fast acting glucose, Glucagon.

As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this School Health Plan and for my child's health care provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.

_____ _____ _____ _____
Parent Date School Nurse Date