



## STUDENT WITH DIABETES: INDIVIDUAL HEALTH PLAN

Student: _____	School: _____
Birth Date: _____	Teacher/Grade: _____
Address: _____	
Mother: _____	<u>Health Care Provider treating diabetes:</u>
Home: _____	Name: _____
Work: _____	Phone: _____
Pager/Cell: _____	FAX: _____
Father: _____	<u>Parent-Designated Adult:</u>
Home: _____	Nam: _____
Work: _____	Daytime Phone: _____
Pager/Cell: _____	Pager/Cell: _____

**Brief History:**

Age of onset: \_\_\_\_\_ Date(s) of recent hospitalizations: \_\_\_\_\_  
 Most recent results & date of Hemoglobin A1C test: \_\_\_\_\_  
 Related social/emotional factors: \_\_\_\_\_

Concurrent illness or disability: \_\_\_\_\_  
 Level of independence\* \_\_\_\_\_

\*PLEASE SEE attached copy of *HCP orders for Students with Diabetes in WA State Schools*, the section labeled STUDENT'S SELF-CARE (ability level).

**Blood Glucose Tests: Equipment and supplies to be provided by family.**

Target range for blood glucose: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl \_\_\_\_\_  
 Is blood glucose monitoring to be done at school? \_\_\_ Yes \_\_\_ No  
 Do you wish for readings to be charted? \_\_\_ Yes \_\_\_ No  
 Usual testing times: \_\_\_\_\_ Additional testing times: \_\_\_\_\_

Blood sugar testing: (Check the following that apply)

- Student tests independently.
- Student tests with verification of number on meter by designated staff.
- Student needs help with testing and/or to be done by school nurse.
- Test needs to be done by nurse.

At what high/low blood glucose range do you wish us to call you? \_\_\_\_\_  
 Supplies for blood glucose testing will be kept in the following location: \_\_\_\_\_

**Insulin: Staff supports, but does not give injections. School nurse can assist when in building. Parent-designated adult may assist with administration of and/or administer insulin**

School nurse building service days: \_\_\_\_\_  
 Types of insulin taken: \_\_\_\_\_  
 Usual times of insulin injections: \_\_\_\_\_  
 Does insulin need to be administered at school? \_\_\_ Yes \_\_\_ No

**School Insulin administration:** (check the following that apply)

- Student administers independently.
- Student self injects with verification of number on syringe or "pen" by designated staff.
- Student self injects with school nurse supervising
- Administration by nurse or parent-designated adult

**Meals and Snacks: Food and fluids to be provided by family**

Snack times: \_\_\_\_\_ Teachers allow for snack time in the classroom.

How would you like classroom awards (food) and classroom party treats handled?

- Student will eat treat.
- Replace with parent-supplied alternative.
- Modify the treat as follows:
- Schedule extra insulin per prearranged plan.

Lunch eaten at (time) \_\_\_\_\_ regardless of schedule changes, field trips, disaster, etc.  
Will your child be bringing his/her lunch? \_\_\_\_\_ If buying lunch, is your child able to make healthy food choices on their own? \_\_\_\_\_ (We do not have sufficient staff to monitor.)

**Exercise and Sports:**

Recess times: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Physical Education days and times: \_\_\_\_\_

Indicate any restrictions: \_\_\_\_\_

Scheduled after-school activities: \_\_\_\_\_

- Provide Low and high blood sugar school plans and instruction to supervisor

**Field Trips:**

All diabetic supplies are taken on field trips and care is provided:

- By accompanying parent or parent-designated adult.
- According to procedure developed prior to field trip.
- According to low/high blood sugar school plans.
- Notify parent prior to planned field trip.

**Hypoglycemia (Low blood sugar): Teachers will be given a copy of warning signs.**

**Hypoglycemia needs to be treated immediately either in the classroom or student may be sent to the health room with a buddy. School staff or PDA will administer hypoglycemia treatment.**

Symptoms experienced when having an episode of hypoglycemia: \_\_\_\_\_

Preferred fluid/food source (type and quantity) to treat hypoglycemia: \_\_\_\_\_

Foods/glucagon will be provided by family and stored at \_\_\_\_\_ locations.  
(Glucagon injections may be administered by school nurse, parent, or PDA per physician orders)

**Hyperglycemia (High blood sugar): Teachers will be given a copy of warning signs.**

**Students will be sent to the health room with a buddy.**

Students will be given extra bathroom privileges and extra zero-calorie fluid as necessary.

Any other recommendations? \_\_\_\_\_

Urine ketones: Parent will provide ketone strips.

Check urine ketones at \_\_\_\_\_ level of blood sugar. Notify physician of \_\_\_\_\_ ketones.

**School Bus Route / Bus Number:** AM \_\_\_\_\_ PM \_\_\_\_\_

- Provide low/high blood sugar school plans and instruction to transportation.

Please let us know how we can best support you and your child in the school setting.

Please contact the school nurse.

School Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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