

Dear Parents:

Re: School Diabetes Action Plan:

We understand that your child _____ has diabetes. This condition can be serious and may require emergency treatment while at school. It is important that the school has up-to-date information about the management of your child's diabetic condition.

Complete the attached School Diabetes Action Plan (in consultation with your child's medical practitioner). The school reserves the right to call an ambulance if your child's condition is unstable.

Please help us to responsibly care for your child while at school by completing, signing, and returning this Diabetes Action Plan as soon as possible.

Thank you for your cooperation in this matter.

Yours sincerely,

The AAS Medical Staff

DIABETES MEDICAL MANAGEMENT PLAN

This form must be renewed each school year or with change in treatment plan

STUDENT'S NAME: _____ Date of Birth: _____

Physical Condition: [] Type 1 Diabetes [] Type 2 Diabetes Date of Diagnosis: _____

The Effective Date of this Plan is from: _____ until the end of the school year.

Medications Taken at Home

<i>Insulin Medication</i>	<i>Oral Medication</i>
<p>Pre-Breakfast _____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p><i>Time</i></p>	<p>_____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p align="center"><i>Time</i></p>
<p>Pre-Bedtime _____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p align="center"><i>Time</i></p>	<p>_____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p align="center"><i>Time</i></p>
<p>Other _____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p><i>Time</i></p>	<p>_____</p> <p>_____</p> <p align="center"><i>Medication</i> <i>Amount</i></p> <p align="center"><i>Time</i></p>

Snacks Ordered for School

<u>Snack</u>	<u>Time</u>	<u>Food</u>
<u>Content/Amount</u>		
Mid-Morning Snack	_____	_____
Mid-Afternoon Snack	_____	

Other times to give snacks	_____	

Snack before exercise	[] Yes [] No	Snack after exercise [] Yes [] No
No		
Preferred snack foods:	_____	
Foods to avoid, if any:	_____	
Instructions when food is provided to the class (e.g., class parties):	_____	

Exercise and Sports

Liquid and solid carbohydrate source must be available before, during and after exercise.

Exercise (Check and/or complete all that apply):

[] No exercise if most recent blood glucose is less than 70

[] Eat _____ grams of carbohydrates before vigorous exercise

[] No exercise when blood glucose is greater than _____ or ketones are present

[] ***Following treatment for hypoglycemia, no P.E. participation until blood sugar is at least above 80 and a carbohydrate and protein snack has been given.***

Field Trips:

Juice, snacks, and/or Glucagon **MUST** be available to student on all field trips or bus trips in case student requires treatment of hypoglycemia. The chaperone should know of any student with diabetes in their care, in the event of an emergency.

Parent's/Guardian's Signature: _____ **Date:** ____/____/____

Emergency Numbers: _____

Mother: _____ *Home phone* _____ *Work phone* _____ *Cell phone* _____

Father: _____ *Home phone* _____ *Work phone* _____ *Cell phone* _____

Physician's Signature: _____ **Date:** ___/___/___