



RANKIN COUNTY SCHOOL DISTRICT SCHOOL DIABETES HEALTH PLAN 2024-2025

DATE RECEIVED [] / [] / []

TO BE COMPLETED BY PARENT OR GUARDIAN

Date of Plan [] Effective Dates []

This plan should be completed by the student's personal healthcare team and parents / guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.

Student's Name []

Date of Birth [] Date of Diabetes Diagnosis []

Grade [] Homeroom Teacher []

Physical Condition: Diabetes type 1 Diabetes type 2

CONTACT INFORMATION

Mother / Guardian []

Address []

Home Phone [] Work Phone [] Cell []

Father / Guardian []

Address []

Home Phone [] Work Phone [] Cell []

Student's Doctor / Health Care Provider []

Address []

Telephone [] Emergency Telephone []

Other Emergency Contact []

Relationship []

Home Phone [] Work Phone [] Cell []

NOTIFY PARENTS / GUARDIAN OR EMERGENCY CONTACT IN THE FOLLOWING SITUATIONS

[]

STUDENT PUMP ABILITIES / SKILL

Count carbohydrates	Yes	No	Disconnect pump	Yes	No
Bolus correct amount for carbohydrates consumed	Yes	No	Reconnect pump at infusion set	Yes	No
Calculate and administer corrective bolus	Yes	No	Prepare reservoir and tubing	Yes	No
Calculate and set basal profiles	Yes	No	Insert infusion set	Yes	No
Calculate and set temporary basal rate	Yes	No	Troubleshoot alarms and malfunctions	Yes	No

FOR STUDENTS TAKING ORAL DIABETES MEDICATIONS

Type of medication: Timing:
Other medications: Timing:

MEALS AND SNACKS EATEN AT SCHOOL

Is student independent in carbohydrate calculations and management? Yes No

MEAL / SNACK	TIME	FOOD CONTENT / AMOUNT
Breakfast	<input type="text"/>	<input type="text"/>
Mid-morning snack	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>
Mid-afternoon snack	<input type="text"/>	<input type="text"/>
Dinner	<input type="text"/>	<input type="text"/>

Snack before exercise? Yes No

Snack after exercise? Yes No

Other times to give snacks and content / amount:

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 event):

EXERCISE AND SPORTS

A fast-acting carbohydrate such as should be available at the site of exercise or sports.

Restrictions on activity, if any:

Student should not exercise if blood glucose level is below mg/dl or above mg/dl or if moderate to large urine ketones are present.

BLOOD GLUCOSE MONITORING

Target range for blood glucose is 70-150 70-180 Other: _____

Usual times to check blood glucose: _____

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

Before exercise

After exercise

When student exhibits symptoms of hypoglycemia

When student exhibits symptoms of hyperglycemia

Other (explain): _____

Can student perform own blood glucose checks? Yes No

Exceptions: _____

Type of blood glucose meter student uses: _____

INSULIN

USUAL LUNCHTIME DOSE

Base dose of Humalog Novolog Regular insulin at lunch (check type of rapid- / short-acting insulin used)

is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch (check type used): intermediate NPH lente _____ units

or basal / Lantus / Ultralente _____ units.

INSULIN CORRECTION DOSES

Can student give own injections?

Parental authorization should be obtained before administering a correction dose for high blood glucose levels. Yes No

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

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

Parents are authorized to adjust the insulin dosage under the following circumstances:

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: Basal rates: 12:00AM to
12:00AM to
12:00AM to

Type of insulin in pump:

Type of infusion set:

Insulin / carbohydrate ratio: Correction factor:

HYPOGLYCEMIA (LOW BLOOD SUGAR)

Usual symptoms of hypoglycemia:

[Empty text box for symptoms]

Treatment of hypoglycemia:

[Empty text box for treatment]

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route, Dosage:, site for glucagon injection: arm thigh other:

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents / guardian.

HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Usual symptoms of hyperglycemia:

[Empty text box for symptoms]

Treatment of hyperglycemia:

[Empty text box for treatment]

Urine should be checked for ketones when blood glucose levels are above mg/dl.

Treatment for ketones:

Supplies to be Kept at School

- Blood glucose meter, blood glucose test strips, batteries for meter
- Lancet device, lancets, gloves, etc.
- Urine ketone strips
- Insulin vials and syringes
- Insulin pump and supplies
- Insulin pen, pen needles, insulin cartridges
- Fast-acting source of glucose
- Carbohydrate containing snack
- Glucagon emergency kit

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Student's Physician/Health Care Provider

Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ school to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date