Owatonna Public Schools
Health Service Office

Individual Health Management/Emergency Plan
For Students with **DIABETES MELLITUS**

Date: _____

Student Name: _____ **Birth date**: _____
Parent(s)/Guardian: _____ Phone (home): _____
_____ Phone (work): _____
Health Care Provider: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Age of child at onset of diabetes: _____

Each student is to bring his/her own diabetes supplies and snacks to school for use during the school day.

I would like testing records sent home. Yes _____ No _____
Low blood glucose for my child is: _____
Signs of low blood glucose in my child are: _____

Does your child understand low blood glucose symptoms in the early stages? Yes ____ No____
Corrective action to take for low blood glucose (give ranges if possible, i.e., below 70 – one juice, below 50 – two juices, etc.).

a. _____ c. _____
b. _____ d. _____

School staff will treat a student who is having low blood glucose first, then call the parent and/or check blood glucose 15 minutes after the student is treated.

My child will carry a form of sugar to self-treat. Yes ____ No _____
I will have a form of glucose gel available at school for my child. Yes ____ No____
Glucagon will only be administered by a licensed nurse. If a nurse is not available to administer glucagon and a student with diabetes has a severe insulin reaction a 911 call will be placed immediately.
I authorize glucagon as part of my child's plan. Yes _____ No _____ (Physician order required.)

Parents must provide the school with a physician order for the administration of insulin.

My child's base dose is _____ units of _____ insulin.

Correction doses are made using the following scale:

1.
2.
3.
4.
5.
6.

I wish to be notified when my child's blood glucose is above _____.

My child checks for Ketones with blood glucose higher than _____. Yes _____ No _____

My child has a form of diabetic identification. Yes _____ No _____ It is _____.

Parent signature: _____ Date: _____

Plan reviewed by: _____ Date: _____

Notes for staff:

Child's lunchtime: _____

Child's Phy. Ed. Time: _____

Reviewed with teacher: _____

Reviewed with Phy. Ed. Teacher: _____