



# RANKIN COUNTY SCHOOL DISTRICT SCHOOL DIABETES HEALTH PLAN 2025-2026

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

Mid-morning snack

Lunch

Mid-afternoon snack

Dinner

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

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

<input type="text"/>	units if blood glucose is	<input type="text"/>	to	<input type="text"/>	mg/dl
<input type="text"/>	units if blood glucose is	<input type="text"/>	to	<input type="text"/>	mg/dl
<input type="text"/>	units if blood glucose is	<input type="text"/>	to	<input type="text"/>	mg/dl
<input type="text"/>	units if blood glucose is	<input type="text"/>	to	<input type="text"/>	mg/dl
<input type="text"/>	units if blood glucose is	<input type="text"/>	to	<input type="text"/>	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:

Treatment of hypoglycemia:

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:

Treatment of hyperglycemia:

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

Treatment for ketones:

Supplies to be Kept at School

- |  |   |
|--|---|
| <input type="checkbox"/> Blood glucose meter, blood glucose test strips, batteries for meter | <input type="checkbox"/> Insulin pump and supplies                    |
| <input type="checkbox"/> Lancet device, lancets, gloves, etc.                                | <input type="checkbox"/> Insulin pen, pen needles, insulin cartridges |
| <input type="checkbox"/> Urine ketone strips   | <input type="checkbox"/> Fast-acting source of glucose                |
| <input type="checkbox"/> Insulin vials and syringes  | <input type="checkbox"/> Carbohydrate containing snack                |
|  | <input type="checkbox"/> 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