

Dear Parent(s)/Guardian,

Your child has medical needs that will be addressed during the school day. In preparation for the start of the school year, required forms are enclosed for your doctor and you to complete. New orders are required each school year. You are receiving the forms early to provide adequate time to obtain new diabetes orders from your physician. **No student will be permitted to start school without these new orders, since medication will be required during the school day.**

School will follow recommendations given in the Diabetic Health Care Plan from your child's doctor for each new school year. Attached is a Diabetes Parent/Guardian Responsibilities form and a quick reference guide for you to sign and return.

If you would like to meet with nurses or school staff for demonstration/training with diabetic equipment please call the school or contact a nurse via e-mail.

Have a great summer!

Sincerely,

Ray Butler RN  
[Raylaine.butler@huberheightscityschools.org](mailto:Raylaine.butler@huberheightscityschools.org)

Viki Sessler RN  
[victoria.sessler@huberheightscityschools.org](mailto:victoria.sessler@huberheightscityschools.org)

Kelly Garrett  
[Kelly.garrett@huberheightscityschools.org](mailto:Kelly.garrett@huberheightscityschools.org)

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
Effective Date for Plan: \_\_\_\_\_ to \_\_\_\_\_ Bus # / Transportation \_\_\_\_\_

## **DIABETES CARE PLAN PARENT/GUARDIAN RESPONSIBILITIES**

**Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.**

The parent/guardian will provide the school with a written request for a Diabetes Care Plan and will work with student's health care provider and school personnel in preparing the Diabetes Care Plan. The parent/guardian will provide the school with the following materials, equipment, and information needed for student's diabetes care.

### **1. Diabetes Care Plan**

Obtain a "Diabetes Care Plan" from health care provider and complete the form with the information needed to take care of your child's diabetes at school

**A new plan must be filed each school year.**

- Return the completed plan in person or by fax as soon as possible.
- Provide school with diabetes supplies and snacks needed for student's care.

### **2. Emergency phone numbers for the parent/guardian and student's diabetes care team**

- Provide school staff with names and phone numbers of appropriate individuals to contact for routine care and emergencies. Update contact numbers if they change during the school year.

### **3. Blood Sugar testing supplies**

- Parent/guardian is responsible for the maintenance of the blood sugar testing equipment (i.e. cleaning and performing controlled testing per the manufacturer's instructions).
- Provide written instructions about student's blood sugar testing schedule and assistance needed.

### **4. Insulin administration supplies and back-up supplies for insulin pump users, if needed**

- Provide written instructions about student's insulin requirements and assistance needed.

### **5. Ketone testing supplies to check blood or urine, if needed**

- Provide written instructions on care to be given if ketones are present

### **6. Supplies and instructions about treating low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia)**

- Provide written instructions about how to manage student's low or high blood sugar levels.

- Provide snacks, a source of fast sugar, and a glucagon emergency kit and replenish as these are depleted.
- It is recommended that parents provide student with medic alert identification and encourage student to wear medic alert ID at school.

**7. Information about the student’s meal/snack schedule**

- Work with the school to coordinate this schedule with that of other students to the safest extent possible.
- Provide instructions for food during school parties and other activities.
- Provide snacks that can be used to prevent or correct low blood sugars.
- Provide information about preferred foods and foods to avoid.

**8. Quick Reference Plan for Student with Diabetes**

- Sign the “Quick Reference Plan” and make changes where needed.
- The completed “Quick Reference Plan” will be provided to pertinent staff.

**9. Information about diabetes and the performance of diabetes-related tasks**

- Provide general diabetes information, as well as information specific to the student

**10. Replacement supplies needed for diabetes care**

- Check diabetes supplies and snacks on hand at school on a regular basis.
- Provide additional supplies before existing ones run out.

**11. Information about changes in student’s health status or medical management**

- Provide school staff with written updates involving student’s condition or diabetes care as soon as possible.
- A new diabetes care plan may have to be completed and filed, depending on changes.
- A new diabetes care plan **MUST** be completed and filed before the start of each new school year to ensure that the student receives appropriate diabetes care at school.

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**Parent/Guardian Signature**

**Date**

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**Date Received**

**One copy to be kept by parent/guardian**

**One copy to be kept with student’s diabetics care plan**

## QUICK REFERENCE FOR STUDENT WITH DIABETES

Place copy in sub teacher folder with picture of student

Prepared by the American Diabetes Association, Committee on Diabetes in Youth  
Endorsed by the National Education Association, Department of School Nurses

### GENERAL INFO

All school personnel (teachers, nurses, principal, lunchroom workers, playground and hall supervisors, bus drivers, counselors, etc...) must be informed that a student has diabetes. It is imperative that all personnel understand the fundamentals of the disease and its care.

Diabetes is NOT an infectious disease. It results from failure of the pancreas to make a sufficient amount of insulin. Without insulin, food cannot be used properly. Diabetes currently cannot be cured but can be controlled. Treatment consists of daily injections of insulin and a prescribed food plan. Children with diabetes can participate in all school activities and should not be considered different from other students. It is essential school personnel have conferences with parents early in each school year to obtain more specific information about the individual child and his specific needs. Communication and cooperation between parents and school personnel can help the diabetic child have a happy and well adjusted school experience.

### INSULIN REACTION

Insulin reactions occur when the amount of sugar in the blood is too low. This is caused by an imbalance of insulin, too much exercise, or too little food. Under these circumstances the body sends out numerous warning signs. If these signs are recognized early, reactions may be promptly terminated by giving some form of sugar. If the reaction is not treated unconsciousness and convulsions may result. The child may recognize many of the following warning signs of low blood sugar and should be encouraged to report them.

**A diabetic student not feeling well should be sent to the clinic with another student or staff member as escort. Let the office know they are coming. When you go on a field trip let the clinic know so arrangements can be made.**

### WARNING SIGNS OF INSULIN REACTIONS

Excessive Hunger	Blurred Vision	Poor Coordination
Nervousness or Trembling	Irritability	Abdominal Pain or Nausea
Pallor	Crying	Inappropriate Actions/ Responses
Headache	Confusion	Drowsiness or Fatigue
Dizziness	Inability to Concentrate	
Perspiration		

### TREATMENT

AT THE FIRST SIGN OF ANY OF THE ABOVE WARNING SIGNS:  
OTHER SIDE:

Check blood sugar level and give the student sugar immediately in one of the following forms:

1. SUGAR- 5 small cubes, 2 packets or 2 teaspoons
2. FRUIT JUICE-  $\frac{1}{2}$  or  $\frac{2}{3}$  cup
3. CARBONATED BEVERAGE- (not diet or sugarless soda) 6 ounces
4. CANDY-  $\frac{1}{4}$  to  $\frac{1}{3}$  candy bar

The student experiencing a reaction may need coaxing to eat. If improvement does not occur within 15-20 minutes, repeat the feeding. If the child does not improve after administration of the second feeding containing sugar, the parents or physician should be called. When the child improves, he should be given a small feeding of  $\frac{1}{2}$  sandwich and a glass of milk... or a snack provided by parents. He should then resume normal school activities and the parents advised of the incident.

### DIET

Children with diabetes do not follow a prescribed diet and may select their foods from the school lunch menu or bring their own lunch, just like any other students. Teachers and clinics should be aware of the child's dietary need, which may include mid-morning and mid-afternoon snacks in classroom or clinics to help avoid insulin reactions. Adequate time should be provided for finishing meals. Children with diabetes may have extra snacks with their class from birthdays or special occasions...blood sugar should be tested before snack and courtesy call home to determine if extra insulin may be needed. Ideally, extra snack should be around mid-morning or mid-afternoon snack time if possible.

### TESTING

Testing blood sugar levels several times a day serves as an effective guide to proper diabetes control. Tests for sugars should be made before meals, and time should be allowed before lunch for the child with diabetes to perform this test if requested.

### GENERAL ADVICE

The child with diabetes should be carefully observed in class, particularly before lunch. It is best not to schedule physical education just before lunch, and if possible the child should not be assigned to a late lunch period. Many children require nourishment before strenuous exercise. Teachers and clinics should have sugar available at all times. The child with diabetes should also carry a sugar supply and be permitted to treat a reaction when it occurs.

Diabetic Coma, a serious complication of the disease, results from uncontrolled diabetes. This does NOT come on suddenly and generally need not be a concern to school personnel.