



**Tolar ISD Health Services**  
**Parental Authorization for Diabetes Action Plan**

Parent please answer:  
 Special Ed services?      yes / no  
 Active 504 plan?            yes / no  
 I would like 504 information    yes / no

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation:  Car rider  Walker  Drives self  Rides bus # \_\_\_\_\_

After School Activities:  Athletics  Band  Club  Other \_\_\_\_\_

Date or age of diabetes diagnosis: \_\_\_\_\_  Type 1  Type 2

In the last year has student been treated in the emergency room for high or low blood sugar?  No  Yes

Lunch will primarily be:  Brought from home  Purchased from cafeteria

**Checking Blood Glucose**

Brand/model of blood glucose meter: \_\_\_\_\_

Target range of blood glucose before meals:  90-130 mg/dl  Other: \_\_\_\_\_

Blood glucose level is checked (*select all that apply*):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Before breakfast  | <input type="checkbox"/> After breakfast | <input type="checkbox"/> ___ hours after breakfast | <input type="checkbox"/> 2 hours after a correction dose |
| <input type="checkbox"/> Before lunch  | <input type="checkbox"/> After lunch     | <input type="checkbox"/> ___ hours after lunch     | <input type="checkbox"/> Before dismissal                |
| <input type="checkbox"/> Mid-morning   | <input type="checkbox"/> Before PE       | <input type="checkbox"/> After PE                  | <input type="checkbox"/> As needed for signs of illness  |
| <input type="checkbox"/> As needed for signs/symptoms of low or high blood glucose |  |  |  |

**Student's self-care blood glucose checking skills:**

*Please indicate whether student can perform the following skills independently.*

- No  Yes Independently checks own blood glucose.
- No  Yes May check blood glucose with supervision.
- No  Yes Requires a school nurse or trained diabetes personnel (UDCA) to check blood glucose.
- No  Yes Uses a smartphone or other monitoring technology to track blood glucose values.

Does student have a continuous glucose monitor (CGM)?  No  Yes, Brand/model: \_\_\_\_\_

**Student's self-care CGM skills:**

*Please indicate whether student can perform the following skills independently.*

- No  Yes My student can troubleshoot alarms and malfunctions independently.
- No  Yes My student knows what to do and is able to deal with a HIGH alarm.
- No  Yes My student knows what to do and is able to deal with a LOW alarm.
- No  Yes My student can calibrate the CGM.
- No  Yes My student knows what to do when CGM indicates a rapid trending rise or fall in the blood glucose level.

**Insulin Therapy**

Insulin delivery device:  Syringe  Insulin pen  Insulin pump  None, takes oral medication

\_\_\_\_\_ Insulin therapy at school:  Adjustable (basal-bolus) insulin  Fixed insulin therapy  No insulin

Name/brand of insulin: \_\_\_\_\_

**Student's self-care insulin administration skills:**

Please check all that apply:

- Independently calculates and gives own injections.
- May calculate/give own injections with supervision.
- Requires a school nurse or trained diabetes personnel to calculate dose & student can give own injection with supervision. Requires a school nurse or trained personnel to calculate dose and give the injection.
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**Hypoglycemia**

Common signs of hypoglycemia (low blood sugar) are hunger, irritability, lethargy, sleepiness, light-headedness, headache, shakiness, pale skin, profuse sweating, cold and/or clammy skin, disorientation, inability to follow directions, rapid breathing, faintness, rapid heartbeat, unconsciousness and convulsions.

Please describe your student's usual behavior/symptoms of hypoglycemia: \_\_\_\_\_

What blood sugar level is typically considered low for your student? \_\_\_\_\_

Does your student recognize his/her low blood sugar symptoms?  No  Yes  Sometimes

Can your student independently treat his/her low blood sugar?  No  Yes

Is there a typical time of day your student experiences low blood sugar?  No  Yes, specify: \_\_\_\_\_

**Emergency Treatment:**

*If your student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions, the school nurse or Unlicensed Diabetic Care Assistant (UCDA) will follow the Diabetes Management Plan provided by the doctor and do the following:*

- Position student on his/her side to prevent choking
- Administer glucagon (must be provided by parent and medication orders received from physician)
- Call 911 to initiate Emergency Medical Services
- Call student's parents

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**Hyperglycemia**

Common signs of hyperglycemia (high blood sugar) are thirst, changes in behavior, frequent urination, headache, warm dry skin, blurred vision, rapid heartbeat, rapid breathing, nausea and/or vomiting.

Please describe your student's usual behavior/symptoms of hypoglycemia: \_\_\_\_\_

What blood sugar level is typically considered high for your student? \_\_\_\_\_

Does your student recognize his/her high blood sugar symptoms?  No  Yes  Sometimes

Can your student independently treat his/her low blood sugar?  No  Yes

Is there a typical time of day your student experiences low blood sugar?  No  Yes, specify: \_\_\_\_\_

**Emergency Treatment:**

*If your student shows signs of a hyperglycemic emergency (dry mouth, extreme thirst, vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increased sleepiness or lethargy, or a depressed level of consciousness) the school nurse or Unlicensed Diabetic Care Assistant (UCDA) will follow the Diabetes Management Plan provided by the doctor, notify the parents and call 911 to initiate Emergency Medical Services.*

## Care and Treatment at School

*Please check all appropriate boxes below:*

- Yes, I authorize an unlicensed diabetes care assistant (UDCA) to provide diabetes management and care services as defined in the physician's orders and the student's Diabetes Care Plan. I understand that the UDCA is immune from liability for civil damages under section 22.0511 of the Texas Education code.
- No, I do not authorize an UDCA to provide diabetes management and care services to my student at school. I understand the school nurse, if available, or EMS, will provide emergency care as needed.
- Yes, my student can manage his/her diabetes independently and will not seek assistance for his/her diabetes while at school. I understand the school nurse, if available, or EMS, will provide emergency care as needed. I understand the school nurse may temporarily supervise this responsibility if my student cannot demonstrate safe diabetes care while at school.
- Yes, I request that my student's classmates be informed that my student has diabetes and be given age-appropriate instruction regarding diabetes care.
- Yes, I authorize reciprocal release of information related to diabetes care and management between the school nurse and my student's health care provider.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_