



WAYNE COUNTY SCHOOL DISTRICT

PHYSICIAN'S ORDERS AND HEALTH PLAN FOR

STUDENTS WITH TYPE I AND TYPE II DIABETES



School _____

Student Name _____

Date of Birth _____

Parent/Guardian _____

Cell Phone _____

Diagnosis _____

Insulin Type _____

Diet _____

Independent in carbohydrate calculations/management? _____

Medical Equipment/Supplies needed at school and provided by student

Glucose Monitor Lancet Device Lancets Alcohol Preps Snacks
 Insuline Insulin Syringes Insulin Pump Chemstrips

Teacher/Grade: _____

Date of Diagnosis _____

Home Phone _____

Work Phone _____

Requires Insulin Injections ___ Yes ___ No

Insulin Storage _____

Target Range for Blood Glucose _____

___ Yes ___ No

Monitoring

Will require routine glucose monitoring at school ___ Yes ___ No How Often? _____

Will require assistance with monitoring ___ Yes ___ No

Sliding Scale _____

Ketone testing and actions to take _____

Action Plan

Hypoglycemia _____

Hyperglycemia _____

Parent Signature _____

Physician Signature _____

Date _____

Physician Printed Name _____

Clinic/Office Address _____

Phone _____