STATE COLLEGE AREA
SCHOOL DISTRICT
STUDENT SERVICES
240 Villa Crest Drive • State College, Pennsylvania • 16801
Telephone: 814-231-1054 • Fax: 814-231-4103

Individual Health Plan (IHP) for Management of Diabetes

Please also submit Physician orders

Student Name:_____ Grade_____ School Year _____
Parent/Guardian _____ Cell #_____ Additional #_____
Parent/Guardian _____ Cell #_____ Additional #_____

Diabetic Care Management: Please check all that apply:

	Needs Assistance	Self Management	Not Applicable
Finger Sticks			
Insulin Administration			
Pump site changes			
Carb Counting			
Insulin dose			

Please indicate place(s) where supplies will be kept:

	Health Room	With student	Not Applicable
Insulin			
Glucagon (Nasal)			
Glucagon (SQ)			
Glucagon (IM)			
Testing supplies			
Ketone Strips			
Pump site changes			
Snacks			

My student is permitted independently treat high and low blood sugars in the classroom: ☐ Yes ☐ No

** Notify the school nurse for blood sugars that do not respond to treatment or with any questions**

- I will provide all applicable diabetic supplies to my student and/or the Healthroom for Diabetic medical management.
- I give my consent for the nurse to treat my student in accordance with the diabetic physicians orders that I will submit, along with this individualized health plan.
- I hereby release State College Area School District and all of its employees of and from any and all liability in law for damages either I or my student may suffer as a result of this authorization. I give my permission for the school nurse to exchange information with the physician regarding this medication.
- I will also submit any changes to my students' diabetic orders throughout the school year.

Parent/Guardian signature:_____ Date:_____

☐ Student has demonstrated proper self-administration of this medication. CSN Initials _____ Date_____