



Individualized Health Care Plan

Student Name: Type Here

School Year: Type Here

Individualized Healthcare Plan For Management of Diabetes at School (Continued)

SECTION II Continued (Completed with Parent and Student)

Student	DOB	School	Grade
<p>Equipment and supplies to be provided by parent</p>	<p>Daily Snacks (for AM/PM snack times) Specify: <u>List Snacks Here</u> <u>List Snacks Here</u></p> <p>Blood Glucose Meter Kit (Includes meter, testing strips, lancing device with lancet, cotton balls, spot Band-Aids, alcohol prep pads) Brand/Model: <u>Type Here</u></p> <p>Low Blood Glucose Supplies.</p> <p><input type="checkbox"/> Fast Acting Carbohydrate Drinks: (Apple juice and/or orange juice, sugared soda pop-NOT diet), at least 6 containers.</p> <p><input type="checkbox"/> Glucose Tablets, 1 package or more.</p> <p><input type="checkbox"/> Glucose Gel Products Note: Do not use if student is having difficulty swallowing</p> <p><input type="checkbox"/> Gel Cakemate Note: Do not use if student is having difficulty swallowing.</p> <p><input type="checkbox"/> Prepackaged Snacks (such as crackers with cheese or peanut butter, nite bite, etc.), 5 - 6 servings or more.</p> <p>High Blood Glucose Supplies</p> <p><input type="checkbox"/> Ketone Test Strips/Bottle</p> <p><input type="checkbox"/> Urine cup</p> <p><input type="checkbox"/> Water bottle</p> <p><input type="checkbox"/> Protein Snack (Meat or cheese sticks)</p>		<p>Insulin Supplies</p> <p><input type="checkbox"/> Insulin pen</p> <p><input type="checkbox"/> Insulin and syringes</p> <p><input type="checkbox"/> Extra pump supplies such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vial of insulin, syringes <input type="checkbox"/> Pump syringe <input type="checkbox"/> Pump tubing/needle <input type="checkbox"/> Batteries <input type="checkbox"/> Tape <input type="checkbox"/> Sof-Serter <p>Insulin supplies stored: <u>List Supplies Here</u> <u>List Supplies Here</u></p> <p>Emergency Supplies</p> <p><input type="checkbox"/> Glucagon: YES or NO</p> <p>Kit stored: <u>Type Here</u></p> <p><input type="checkbox"/> 3 day disaster food supply stored: <u>List Supplies Here</u> <u>List Supplies Here</u></p> <p>School may include a copy of the IHP for Diabetes Management with the Disaster Supplies. Stored as follows: <u>Type Here</u></p> <p>Other Supplies and Special Needs</p> <p><u>List Supplies Here</u> <u>List Supplies Here</u></p>