

CHAMBERSBURG AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
DIABETES HEALTH PLAN

Date_____Student Name_____Birth Date_____

School_____Grade_____

Blood Glucose Monitoring: Usual times to test at school _____

Can the student perform the test? ___Yes ___No _____

Hypoglycemia: Usual symptoms_____

Blood Glucose Level	Treatment
Mild_____	_____
_____	_____

Moderate_____	_____
_____	_____

Severe_____	_____
_____	_____

Hyperglycemia: Usual symptoms_____

Test for Ketones when blood sugar is > _____

Treatment_____

Insulin: Type_____Time_____

Dose Per Sliding Scale	Per Carb Count
_____	_____
_____	_____
_____	_____
_____	_____

Meals/Snacks:_____

Nurse Educator Signature

Date

Phone

Doctor's Signature

Date

Phone

Parent/Guardian Signature

Date

Phone

Additional Information: see page 2

Additional information

Diabetes supplies and needed information:

Parents are responsible for providing all diabetic supplies. The following is a list of typical supplies needed.

Insulin Supplies

- ___ Insulin bottle(s)
- ___ Insulin syringes
- ___ Alcohol wipes
- ___ Insulin pen(s) with cartridge loaded
- ___ Insulin pump supplies

Blood Sugar Testing Supplies

- ___ Blood glucose meter and instructions
- ___ Test strips
- ___ Finger sticking device
- ___ Lancets
- ___ Cotton balls if needed

Glucagon Emergency Kit

- ___ Glucagon (check
expiration date)

Food Supplies

- ___ Snack foods
- ___ Glucose tablets, juice, etc.

Other:

- ___ Signed doctor's orders
- ___ Release forms for doctor to school
- ___ Release forms for hospital to school
- ___ Urine ketone test strips
- ___ Logbook to record blood sugar and amounts of insulin

Emergency Contact Numbers:

- | | | |
|--------|------|-------|
| Mother | Home | _____ |
| | Work | _____ |
| | Cell | _____ |
| Father | Home | _____ |
| | Work | _____ |
| | Cell | _____ |

Other emergency contacts:
