DIABETES CARE PLAN

Photo of Student
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Student's Name

Student ID # **Date of Birth**

Type **Diabetes** **Date of Diabetes Diagnosis**

School: School Year

Grade: Homeroom Teacher: Bus # / Transportation

Parent/Guardian Name_____

Home phone _____ Cell Phone _____ Work Phone_____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Preferred Hospital _____

Trained School Diabetes Care Providers:

_____ Date trained: _____
_____ Date trained: _____
_____ Date trained: _____

Where are student's diabetes supplies kept? _____

Where will diabetes care take place? _____

Does the student wear a Medic Alert? YES NO **(All persons with diabetes should wear a Medic Alert bracelet.)**

504 Accommodation Plan: YES NO Date of Plan: _____

Reasonable accommodations for this student include but are not limited to:
Bathroom privileges: Allow free and unlimited use of bathroom facility. If this is being abused please contact school nurse.
Access to water: Student should be allowed to carry water bottle if desired.
Testing concerns: Academic performance may be adversely affected due to fluctuations in blood sugar levels.
Therefore, additional accommodations may be necessary

REMINDER: <u>Diabetes supplies must be brought on all field trips.</u>

FOOD AND EXERCISE

MEAL/SNACK	TIME	FOOD CONTENT / AMOUNT
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

Restrictions for playing sports or participating in physical activity: _____

PREFERRED SNACKS:

FOODS TO AVOID:

UNION COUNTY PUBLIC SCHOOLS

LOW BLOOD SUGAR (Hypoglycemia)

SYMPTOMS AND TREATMENT

Hunger, sweating, trembling, pale appearance, inability to concentrate, confusion, irritability, sleepiness, headache, dizziness, crying, slurred speech, poor coordination, personality change, complains of feeling "low," blood sugar below 80 mg/dl.

Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.

Symptoms of low blood sugar for this student: _____

Times student is most likely to experience a low blood sugar: _____

Where are quick sugar/snacks kept? _____

Preferred type of quick sugar: _____

Follow health care provider's orders.

Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of low blood sugar episode.

If symptoms worsen, call 911, parent/guardian, and health care provider. Glucagon, if authorized by student's health care provider, may be needed if student becomes unconscious, has a seizure, or is unable to swallow.

If student is unconscious, experiencing a seizure, or unable to swallow:
Contact trained school diabetes care provider or school nurse immediately to inject emergency glucagon, if authorized for student. (See health care provider's orders.)

Call 911, parent/guardian, and health care provider.

Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.

Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.

HIGH BLOOD SUGAR (Hyperglycemia)

SYMPTOMS AND TREATMENT

Frequent urination, excessive thirst, nausea, vomiting, dehydration, sleepiness, confusion, blurred vision, inability to concentrate, irritability, or blood sugar above _____mg/dl.

Symptoms of high blood sugar for this student: _____

Where are insulin and ketone testing supplies kept? _____
Allow free and unlimited use of bathroom. Encourage student to drink water or other sugar-free liquid.

Follow health care provider's orders.

Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of high blood sugar episode.

If symptoms worsen or the student begins vomiting, call parent/ guardian and health care provider immediately

Parent/Guardian signature _____ **Date:** _____

School Nurse signature _____ **Date:** _____

This information will be shared with appropriate school staff unless you state otherwise.