



Child's picture

### School Plan for a Child with Diabetes

To be completed by parents/health care team and reviewed with necessary school staff-copies should be kept in the student's classroom and school record.

Student's Name: \_\_\_\_\_

DOB \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physical Condition: ☐ Diabetes type 1 ☐ Diabetes type 2 Date of Diagnosis \_\_\_\_\_

Effective Dates: \_\_\_\_\_

I give Jonesville Community Schools permission to contact my child's physician and exchange information as it pertains to their diabetes and school.

Reviewed by: \_\_\_\_\_ (health care provider)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by: \_\_\_\_\_ (guardian)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged by: \_\_\_\_\_ (school rep.)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Contact Information

Mother/Guardian #1: \_\_\_\_\_ Address \_\_\_\_\_

Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian #2: \_\_\_\_\_ Address \_\_\_\_\_

Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student's Doctor/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Notify parent/guardian in the following situations: \_\_\_\_\_

Trained school personnel: \_\_\_\_\_ Dates of training \_\_\_\_\_

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#### Blood glucose testing

Target range for blood glucose \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

Type of blood glucose meter \_\_\_\_\_

Usual times to test blood glucose: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Times to do extra tests (check all that apply) ☐ Before exercise ☐ After exercise  
☐ When student has symptoms of high blood sugar  
☐ When student has symptoms of low blood sugar

Can student perform own blood glucose tests? ☐ Yes ☐ No/Needs Assistance

Exceptions: \_\_\_\_\_ Supervised? ☐ Yes ☐ No

Where the student can perform blood glucose testing (check): ☐ Classroom ☐ School Office ☐ Other \_\_\_\_\_

### Location of Supplies

Monitoring equipment \_\_\_\_\_

Snack foods \_\_\_\_\_

Insulin supplies \_\_\_\_\_

Emergency box \_\_\_\_\_

Glucagon kit \_\_\_\_\_

Sharp disposal \_\_\_\_\_

Ketone testing supplies \_\_\_\_\_

Insulin Pump Supplies \_\_\_\_\_

### Insulin

Lunchtime Dose: Humalog/Novolog/Apidra (circle type used) Pens \_\_\_\_\_ Syringes \_\_\_\_\_ Pump \_\_\_\_\_

☐ Set dose: \_\_\_\_\_ units

☐ Flexible dose: Insulin/carbohydrate ratio \_\_\_\_\_ Correction factor: \_\_\_\_\_

☐ Use attached chart

Are parents authorized to adjust the insulin dosage? ☐ Yes ☐ No

***Insulin doses for children are constantly changing due to growth spurts, etc. - Parents are instructed in how to do this.  
(Does not require a physician's order.)***

#### For Student on Injections

Can student determine correct amount of insulin?

#### Student's Abilities/Skills:

☐ Yes ☐ No/Needs assistance

Can student draw correct dose of insulin?

☐ Yes ☐ No/Needs assistance

Can student give own injections?

☐ Yes ☐ No/Needs assistance

#### For Students on a Pump

Count carbohydrate

#### Student's Pump Abilities/Skills:

☐ Yes ☐ No/Needs ass't Type of Pump \_\_\_\_\_

Bolus correct amount for carbohydrates consumed

☐ Yes ☐ No/Needs ass't Type of Infusion Set \_\_\_\_\_

Calculate and administer corrective bolus

☐ Yes ☐ No/Needs ass't

Calculate and set temporary basal rate

☐ Yes ☐ No/Needs ass't

Disconnect pump at infusion set

☐ Yes ☐ No/Needs ass't

Reconnect pump at infusion set

☐ Yes ☐ No/Needs ass't

Prepare reservoir and tubing

☐ Yes ☐ No/Needs ass't

Insert infusion set

☐ Yes ☐ No/Needs ass't

Troubleshoot alarms and malfunctions

☐ Yes ☐ No/Needs ass't

### Meals and Snacks

Is student independent in carbohydrate calculations and management? ☐ Yes ☐ No/Needs Assistance

**Snacks:** optional \_\_\_\_\_ required \_\_\_\_\_ If required, what time of day? \_\_\_\_\_

before exercise? ☐ Yes ☐ No After exercise? ☐ Yes ☐ No

grams of carbohydrate \_\_\_\_\_

**Lunch:** carbohydrate grams – flexible \_\_\_\_\_ set grams \_\_\_\_\_

**\*\*There is no need to check blood sugar after snack or meal unless the child feels like he/she is having a low blood sugar**

Instructions for when food is provided to the class (e.g. as part of a class party): \_\_\_\_\_

\_\_\_\_\_

### Exercise and Sports

A snack such as \_\_\_\_\_ should be readily available at the site of exercise or sports

Restrictions on activity (if any) \_\_\_\_\_

Student should **not** exercise if blood glucose is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl with mod.-large ketones

**\*\*The blood sugar does not need to be checked prior to gym or recess if it occurs after snack, breakfast, or lunch.**

### **Hypoglycemia (Low blood sugar)**

Usual symptoms of hypoglycemia \_\_\_\_\_

Treatment of hypoglycemia \_\_\_\_\_

**Glucagon should be given if the student is unconscious, having a seizure, or unable to swallow. The student should be placed on his/her side in case of vomiting; emergency assistance called and parents notified.**

### **Hyperglycemia (High blood sugar)**

Usual symptoms of hyperglycemia \_\_\_\_\_

Treatment of hyperglycemia \_\_\_\_\_

When to check for urine ketones \_\_\_\_\_

Treatment for ketones \_\_\_\_\_

Adapted from the Position Statement of the American Diabetes Association 2001 Guidelines