

# School-Based Care Plan for the Student with Diabetes

This information expires on June 30, \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parents or Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager / Cell: \_\_\_\_\_

## Symptoms Specific to Student

Low blood sugar

High blood sugar

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

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## To Be Completed by Physician

The following activities will require supervision and/or assistance for \_\_\_\_\_ during the school day.

Please check all that apply

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> May self test?         |                                    |
| <input type="checkbox"/> Blood glucose testing  | Daily at _____                     |
| <input type="checkbox"/> Blood glucose testing  | As needed per symptoms             |
| <input type="checkbox"/> Target glucose range   | _____                              |
| <input type="checkbox"/> Low blood sugar range  | _____                              |
| <input type="checkbox"/> Intervention           | _____                              |
| <input type="checkbox"/> High blood sugar range | _____                              |
| <input type="checkbox"/> Intervention           | _____                              |
| <input type="checkbox"/> Ketone Checks          | If glucose levels over _____ mg/dl |
| <input type="checkbox"/> Administer Glucagon    | For following symptoms _____       |
| <input type="checkbox"/> Insulin administration | See attached schedule              |
| <input type="checkbox"/> Snack                  | Daily at _____                     |
| <input type="checkbox"/> Snack                  | As needed _____                    |

Training for the above procedures will be provided by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Address / Phone