

Diabetes

Sample School Care Forms

ENROLLING YOUR CHILD WITH DIABETES IN A NEW SCHOOL

For Katrina Evacuees:

If you are enrolling your child in a new public school, either on a temporary basis or for a long-term period of time, it is important that you take the following steps to ensure appropriate diabetes care for your child at his/her new school. (If your child is attending a private school that receives federal monies, the following information also applies).

1. **Inform the school that your child has type 1 diabetes.** Explain that this diagnosis requires constant medical attention and the entire staff needs to be trained in how to care for your child.
2. **Send the attached letter to the school formally requesting a 504 Plan.** The school is obligated to provide this plan based on federal law to all children who have a medical disability; diabetes is considered a medical disability. If the school says you only need a Healthcare Plan, tell them you also want a 504 Plan. Be insistent. Tell them you know it is your legal right to request a 504 Plan.

The 504 Plan is a legally binding written agreement between you and the school that explains all of the *reasonable accommodations* to be put into place for your child due to his/her diabetes diagnosis. It provides appropriate for your child to receive a “free, appropriate public education” in the “least restrictive environment” that is “equal to his/her non-disabled peers.” Some states also have specific laws on diabetes care in school. It protects your child’s safety and prohibits discrimination on the basis of your child’s diabetes.

The school should respond to your request within a short period of time, typically within a few days. At that time, you and they will schedule a meeting for you, all teachers directly responsible for supervising your child, the school nurse, and the school’s 504 on-site coordinator. You and this group of people are known as the **504 Team**.

3. **Prepare for the 504 Meeting.** Once you’ve been given a date for your meeting, you will need to develop a proposed 504 Plan based on your child’s needs. The attached sample 504 Plan is comprehensive. Yet, feel free to add or delete items based on your child’s needs. Make sure to consider factors based on your child’s age, ability to self-manage his/her diabetes, length of time he/she has been living with diabetes, type of insulin therapy (pump vs. injections), and emotional state given the events of recent weeks.

Attached to the 504 Plan is a separate document that you will create called an Individualized Health Care Plan (IHP). This document spells out all information specific to your child’s medical care such as: dosing instructions, symptoms and treatment of hypoglycemia and hyperglycemia, administration of emergency glucagon, and phone numbers to reach you and your child’s physician. (If you do not have a physician yet, contact your local Juvenile Diabetes Research Foundation chapter for volunteer assistance, or go to our website at www.jdrf.org to identify your nearest chapter office or submit an inquiry to our Online Diabetes Support Team for further help.)

Make enough copies of the 504 Plan and IHP for all the people attending the 504 meeting.

4. **Own the 504 Meeting.** You are your child's best advocate. You know more than anyone else about his/her diabetes care. So, it makes sense that you should steer the meeting.
 - Begin by thanking everyone for their attendance at the meeting.
 - Give a brief description of type 1 diabetes, how it differs from type 2 diabetes, and that you appreciate their support in providing diabetes care for your child.
 - Then go through the 504 Plan and IHP, taking questions as you go.
 - If there are any disagreements regarding the 504 Plan or concerns about the IHP, get those in disagreement to re-state the reason(s) for their concern(s).
 - At the end of the meeting, you may request that all items which are agreed to will be followed and the others you would like to consider and respond to in a short timeframe. Do NOT sign the 504 Plan agreement unless all items are agreed to.
 - Again, thank everyone for their attendance and support.

5. **504 Meeting Follow-Up.** For those items which are still under discussion, you can email your inquiry to JDRF's Online Diabetes Support Team for volunteer assistance as to how you might resolve these items with the rest of the 504 Team. You will need to send a letter to the school to try to resolve these differences.

If everything was agreed to in the 504 Meeting, you have the option of sending a letter to the school to thank them for their support and confirm that the 504 Plan and IHP are now to be fully implemented.

6. **Keep written records.** Any time the school fails to implement the 504 Plan or IHP, send a letter to the 504 On-Site Coordinator explaining the circumstances including the date, details of what happened and the persons involved. Inform them of your concern about the incident and that you expect corrective action to be taken.

The (Insert name) Family
Street Address
Town, State ZIP
Phone Number

-- D R A F T --

(Date of Letter)

(Insert Name), Principal
(Insert Name) School
(Insert School Address)

RE: (Insert Child's Name) – 504 Plan Request

Dear (Insert Principal's Name),

This requests development of a 504 Plan for our child, (insert child's name), to be implemented for the remainder of the 2005/2006 academic year. (child's name) will be a (insert grade) student at (insert school name) and was diagnosed with Type I Insulin Dependent Diabetes in (month/year of diagnosis).

As you know, Type I Diabetes is a chronic medical condition. Given the vigilant nature of diabetes healthcare management, and the impact it may represent during the academic day, we believe it is appropriate and in the best interest of our child to establish a 504 Plan at this time.

It is our desire to build an enduring long-term partnership with the school staff given that so much of (insert child's name)'s time will be spent at (insert school name). Therefore, we are requesting that attendees of the 504 Plan meeting include all school staff members who directly supervise (insert child's name) during (his/her) school day, as well as the school nursing staff, the school's on-site 504 coordinator, and anyone else relevant to the 504 Plan process. By gathering for this meeting, we can work together in addressing (his/her)'s diabetes management needs at school while creating a smooth and seamless transition each day between home and school life.

(Insert Principal's name), we know you share a vested interest in making sure that (his/her) health needs are satisfactorily addressed and that nothing be left to chance. Doing so is critical for (insert child's name)'s immediate safety, as well as achieving (his/her) long-term health goals.

We look forward to hearing from you at your earliest convenience so we may schedule a mutually agreeable meeting time prior to the beginning of the school year.

Sincerely,

(Parents Names)

cc: (Insert Name), District Superintendent of Schools
(Insert Name), District Director of Student Special Services

The following 504 Plan is only a sample plan listing those things typically needed by children with diabetes in schools. The sample plan must be adapted to the individual needs, abilities, and medical condition of your child. Not all of the accommodations listed are needed for every child with diabetes. You should include those items in the sample that are needed for your child. Talk to your medical team about what plan makes sense for your child. This particular plan is written for a child with type 1 diabetes on injection therapy. But, you can tailor this plan to your specific child's needs.



SECTION 504 PLAN

Section 504 Plan for _____

School _____

School Year: _____

Student's Name

Birth Date

Grade

Disability

Homeroom Teacher

Bus Number

BACKGROUND

The student has type ____ diabetes. Diabetes is a serious, chronic disease that impairs the body's ability to use food. Insulin, a hormone produced by the pancreas, helps the body convert food into energy. In people with diabetes, either the pancreas doesn't make insulin or the body cannot use insulin properly. Without insulin, the body's main energy source—glucose—cannot be used as fuel. Rather, glucose builds up in the blood. Over many years, high blood glucose levels can cause damage to the eyes, kidneys, nerves, heart and blood vessels.

The majority of school-aged youth with diabetes have type 1 diabetes. People with type 1 diabetes do not produce insulin and must receive insulin through either injections or an insulin pump. Insulin taken in this manner does not cure diabetes and may cause the student's blood glucose level to become dangerously low. Type 2 diabetes, the most common form of the disease typically afflicting obese adults, has been shown to be increasing in youth. This may be due to the increase in obesity and decrease in physical activity in young people. Students with type 2 diabetes may be able to control their disease through diet and exercise alone or may require oral medications and/or insulin injections. All people with type 1 and type 2 diabetes must carefully balance food, medications, and activity level to keep blood glucose levels as close to normal as possible.

Low blood glucose (hypoglycemia) is the most common immediate health problem for students with diabetes. It occurs when the body gets too much insulin, too little food, a delayed meal, or more than usual amount of exercise. Symptoms of mild to moderate hypoglycemia include tremors, sweating, lightheadedness, irritability, confusion and drowsiness. A student with this degree of hypoglycemia will need to promptly ingest carbohydrates and may require assistance. Severe hypoglycemia, which is rare, may lead to unconsciousness and convulsions and can be life threatening if not treated promptly.

High blood glucose (hyperglycemia) occurs when the body gets too little insulin, too much food or too little exercise; it may also be caused by stress or an illness such as a cold. The most common symptoms of hyperglycemia are thirst, frequent urination, and blurry vision. If untreated over a period of days, hyperglycemia can cause a serious condition called diabetic ketoacidosis (DKA) characterized by nausea, vomiting and a high level of ketones in the urine. For students using insulin infusion pumps, lack of insulin supply may lead to DKA in several hours. DKA can be life-threatening and, thus, requires immediate medical attention.

Accordingly, for the student to avoid the serious short and long term complications of blood sugar levels that are either too high or too low, this Section 504 Plan, and the accompanying Health Plan, must be carefully followed and strictly adhered to by responsible school personnel. To facilitate the appropriate care of the student with diabetes, school and day care personnel must have an understanding of diabetes and be trained in its management and in the treatment of diabetes emergencies. Knowledgeable trained personnel are essential if the student is to avoid the immediate health risks of low blood glucose and to achieve the metabolic control required to decrease risks for later development of diabetes complications.

OBJECTIVE/GOALS OF THIS PLAN

*Both high blood sugar levels and low blood sugar levels affect the student's ability to learn as well as seriously endangering the student's health. Blood glucose levels must be maintained in the _____ range for optimal learning and testing of academic skills. The student has a recognized disability, type __ diabetes, that requires the accommodations and modifications set out in this plan to ensure that the student has the same opportunities and conditions for learning and academic testing as classmates, with minimal disruption of the student's regular school schedule and with minimal time away from the classroom. Steps to prevent hypoglycemia and hyperglycemia, and to treat these conditions if they occur, must be taken in accordance with this Plan and with the student's **Health Care Plan**, which is attached to this Section 504 Plan and incorporated into it.*

DEFINITIONS USED IN THIS PLAN

- 1. 1. *Diabetes Care Provider (DCP):*** A staff member who has received training in the care of individuals with diabetes from a health care professional with expertise in diabetes, unless the student's health care provider determines that the parent/guardian is able to provide the school personnel with sufficient oral and written information to allow the school to have a safe and appropriate environment for the child, in which case the parent/guardian may provide this training. This training shall include instruction in:
 - < the unassisted administration of glucagon and insulin shots and recording of results;
 - < understanding physician instructions concerning drug dosage, frequency, and manner of administration;
 - < applicable state regulations concerning drug storage, security, and record-keeping;
 - < symptoms of hypoglycemia and hyperglycemia and the time within which glucagon or insulin shots are to be administered to prevent adverse consequences;
 - < recommended schedules and menus for meals and snacks, recommended frequency of and activities in exercise periods, and actions to take if normal schedule is disrupted.
 - < performing finger-stick blood glucose testing, urine ketone testing, and recording the results; and
 - < the appropriate steps to take when glucose level results are outside of the target ranges indicated in the student's Health Care Plan.

- 2. 2. *Diabetes Care Assistant Provider (DCAP):*** A staff member who has received training from a health care professional with expertise in diabetes, a DCP, or the student's parent/guardian (if the student's health care provider determines that the parent/guardian is able to provide the school personnel with sufficient oral and written information to allow the school to have a safe and appropriate environment for the child). This training shall include instruction in:

- < recognizing the symptoms of hypoglycemia and hyperglycemia;
 - < knowing the proper method for referring a student who exhibits symptoms of hypoglycemia or hyperglycemia to a DCP; and
 - < recommended schedules and menus for meals and snacks, recommended frequency of and activities in exercise periods, and actions to take if normal schedule is disrupted.
- 3. 3. *Bus Driver Diabetes Care Provider (BDDCP):*** A bus driver who has received training by a health care professional with expertise in diabetes, a DCP, or the student’s parent/guardian (if the student’s health care provider determines that the parent/guardian is able to provide the school personnel with sufficient oral and written information to allow the school to have a safe and appropriate environment for the child). This training shall include instruction in:
- < recognizing the symptoms of hypoglycemia and hyperglycemia; and
 - < knowing the appropriate steps to take when glucose levels are creating emergency conditions.
- 4. 4. *Health Care Plan:*** A plan developed under Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and, as appropriate, the Individuals With Disabilities Education Act, that identifies the health care needs of Ñ and services to be provided to Ñ a student with diabetes. This plan is approved by the student’s treating physician.

ACADEMIC-RELATED ACCOMMODATIONS

1. HEALTH CARE SUPERVISION

- 1.1.1.1. At least _____ adult staff members will receive training to be an Diabetes Care Provider (DCP), and a DCP will be available **at all times** during school hours, during extracurricular activities, and on field trips to oversee the student’s health care in accordance with this Section 504 Plan and the student’s Health Care Plan, including performing or overseeing insulin injections, blood glucose tests, ketone tests, and responding to hyperglycemia and hypoglycemia including administering glucagon. A written back-up plan will be implemented to ensure that a DCP is available in the event that the primary DCP is unavailable.
- 1.2.1.2. Any staff member who has primary care for the student at any time during school hours, extracurricular activities, or during field trips, and who is not a DCP, shall receive training to be a DCAP. Primary care means that the staff member is in charge of a class or activity in which the student participates.
- 1.3.1.3. Any bus driver who transports the student when neither a DCP nor DCAP is present must be a BDDCP.

2. 2. TRAINED PERSONNEL

2.1 2.1 The following school staff members (including but not limited to school administrators, teachers, counselors, health aides, cafeteria and library staff) will be trained to become Diabetes Care Providers (DCPs) by _____ (date):

2.2 2.2 The following School staff members (including but not limited to school administrators, teachers, counselors, health aides, cafeteria and library staff) will be trained to become Diabetes Care Assistant Providers (DCAPs) by _____ (date):

2.3 2.3 The following bus drivers will be trained to become Bus Driver Diabetes Care Providers (BDDCP) by _____ (date):

3 3 STUDENT’S LEVEL OF SELF-CARE

The student’s current ability to perform various diabetes self-management skills is indicated by activities check in the chart below:

	Yes	No	N/A
Totally independent management (only requires adult assistance during severe hypoglycemia)	_____	_____	_____

Student tests blood glucose level independently	_____	_____	_____
Student needs verification of blood glucose number by (<i>circle one or both</i>) DCP DCAP	_____	_____	_____
Blood glucose testing to be done by DCP	_____	_____	_____
Student administers insulin independently	_____	_____	_____
Student self-injects insulin with verification of dosage by (<i>circle one or both</i>) DCP DCAP	_____	_____	_____
Insulin injections to be done by DCP	_____	_____	_____
Student self-treats mild hypoglycemia	_____	_____	_____
Student requires assistance to treat mild hypoglycemia from: (<i>circle one or both</i>) DCP DCAP	_____	_____	_____
Student monitors own snacks and meals	_____	_____	_____
Snacks and meals to be supervised by: (<i>circle one or both</i>) DCP DCAP	_____	_____	_____
Student tests and interprets own urine ketones	_____	_____	_____
Urine ketones to be tested by DCP	_____	_____	_____
Student implements universal precautions	_____	_____	_____
Universal precautions to be supervised by: (<i>circle one or both</i>) DCP DCAP	_____	_____	_____

4 4 SNACKS AND MEALS

4.1 4.1 A DCP will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached Health Care Plan that will coincide with the schedule of classmates to the closest extent possible. The student shall each lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

4.2 4.2 The parents/guardians will pack snacks for each day and will provide a supply of additional snacks to be kept at the school to treat hypoglycemia or for emergency situations.

4.3 4.3 All school personnel will permit the student to eat a snack in the classroom or wherever the child is (including, but not limited to classrooms, gym, auditorium, playground, field trips, and school bus) at times designated in the Health Care Plan and whenever needed to treat hypoglycemia or in response to a change in the student's regular schedule. A source of glucose will be immediately available wherever the student is.

4.4 4.4 A designated DCP or DCAP will ensure that the student takes snacks and meals at the specified time(s) each day.

4.5 4.5 The attached Health Care Plan sets out the regular time(s) for snacks each day, what constitutes a snack, when the student should have additional snacks, and where snacks are kept.

5 5 WATER AND BATHROOM ACCESS

5.1 5.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.

5.2 5.2 The student shall be permitted to use the bathroom without restriction.

6. TREATING HIGH OR LOW BLOOD SUGAR

6.1 6.1 The student shall have immediate access to blood glucose testing equipment, insulin and syringes, and to glucose in the form of food, juice, glucose gel or tablets in order to treat hypoglycemia. The student shall be permitted to carry this equipment with him/her at all times.

6.2 6.2 When any staff member believes the student is showing signs of high or low blood sugar, the staff member will seek a designated DCP for further assistance while making sure an adult stays with the student at all times. **Never send a student with actual -- or suspected -- high or low blood sugar anywhere alone.**

6.3 6.3 High or low blood sugar levels should be treated as set out in the attached Health Care Plan.

6.4 6.4 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:

1. **Contact a DCP who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**

2. **2. Call 911 (office staff will do this without waiting for the DCP to administer glucagon); and**
3. **3. Contact the student's parent/guardian and physician at the emergency numbers provided below.**

6.5 The location of supplies for treating high and low blood sugar levels, including equipment for testing blood glucose levels and ketones, glucagon, and snacks, is set out in the attached Health Care Plan.

7. GLUCOSE TESTS

7.1 7.1 Blood glucose tests will be administered in accordance with the level of self-care listed in the chart in section 3 above and the attached Health Care Plan.

7.2 7.2 Glucose tests may be done at any location at school, including, but not limited to, the classroom, on school grounds, the cafeteria, at field trips or sites of extracurricular activities, or on the school bus.

7.3 7.3 Glucose tests will be done at the times designated in the student's Health Plan, whenever the student feels that her blood sugar level may be high or low, or when an ACDP or DCAP observes symptoms of hypoglycemia or hyperglycemia.

7.4 7.4 The student's usual symptoms of high and low blood sugar levels are set out in the attached Health Care Plan.

7.5 7.5 The location of glucose testing equipment is set out in the attached Health Care Plan.

7.6 7.6 A DCP will perform glucose tests when the student is unable or chooses not to do the test himself/herself.

8. INSULIN INJECTIONS

8.1 8.1 Insulin will be administered in accordance with the level of self-care listed in the chart in section 3 above and in attached Health Plan.

8.2 8.2 The location of insulin and equipment to administer insulin is set out in the attached Health Care Plan.

9. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

9.1 The student will be permitted to participate in all field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.

- 9.2 A DCP will accompany the student on all field trips and extracurricular activities outside of the school's premises and will provide all usual aspects of diabetes care (including, but not limited to, blood glucose testing, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon).
- 9.3 Either a DCAP or a DCP will be available at the site of all extracurricular activities that take place on school premises. A DCP must be on the school premises whenever the student is present.
- 9.4 The student's diabetes supplies will travel with the student to any field trip or extracurricular activity on or off of school premises.

10 TESTS AND CLASSROOM WORK

- 10.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.
- 10.2 If the student needs to take breaks to use the water fountain or bathroom, do a blood glucose test, or to treat hypoglycemia or hyperglycemia during a test, the student will be given extra time to finish the test without penalty.
- 10.3 If the student is affected by high or low blood glucose levels or needs to take breaks to use the water fountain or bathroom, do a blood glucose test, or to treat hypoglycemia or hyperglycemia, the student will be permitted to have extra time to finish classroom work without penalty.
- 10.4 The student shall be given instruction to help him/her make up any classroom time missed due to diabetes care without penalty.
- 10.5 The student shall not be penalized for absences required for medical appointments and/or for illness.

11. DAILY INSTRUCTIONS

- 11.1 A DCP or DCAP will notify parent/guardian _____ days in advance when there will be a change in planned activities such as exercise, playground time, fieldtrips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 11.2 The parent/guardian may send the DCP special instructions regarding the snack, snack time, or other aspects of the student's diabetes care in response to changes in the usual schedule.
- 11.3 A DCP must provide any substitute teacher with written instructions regarding the student's diabetes care and a list of all DCPs and DCAPs at the school.

12. EQUAL TREATMENT AND ENCOURAGEMENT

- 12.1 Encouragement is essential. The student must not be treated in a way that discourages the student from eating snacks on time, or from progressing in doing his/her own glucose tests and general diabetes management.
- 12.2 The student shall be provided with privacy for blood glucose testing and insulin administration if the student desires.
- 12.3 DCPs, DCAPs, BDDCPs, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.

13. PARENTAL NOTIFICATION

13.1 NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, or loss of consciousness.
 - The student's blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.
 - Symptoms of severe high blood sugar such as frequent urination, presence of ketones or blood glucose level above _____.
 - The student refuses to eat or take insulin injection.
 - Any injury.
 - **Other:** _____
-
-

13.2 EMERGENCY CONTACT INSTRUCTIONS

1. Call the student's home. If unable to reach parent/guardian:
2. Call the student's parent/guardian's cell or work phone. If unable to reach parent/guardian:
3. Repeat same steps with student's other parent/guardian, if applicable. If unsuccessful:
4. Call the other emergency contacts listed above.

EMERGENCY CONTACTS:

Parents / Guardians Name Home Phone Number Work Phone Number Cell Phone Number

Parents / Guardians Name Home Phone Number Work Phone Number Cell Phone Number

Other emergency contacts:

Name Home Phone Number Work Phone Number Cell Phone Number

Name Home Phone Number Work Phone Number Cell Phone Number

Student's Physician(s):

Name Phone Number

Name Phone Number

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

Approved and received:

Parent/Guardian Date

Parent/Guardian Date

Approved and received:

School Representative

Title



SAMPLE INIDIVIDUAL HEALTH CARE PLAN (IHP)

Health Care Plan for _____

School: _____

Effective Dates: _____

To be completed by parents and the student's health care team. This document should be reviewed with necessary school staff and kept with the student's school records and where easily accessible by staff in emergencies.

Student's Name: _____

Date of Birth: _____

Grade: _____ Homeroom Teacher: _____

CONTACT INFORMATION:

Parent/guardian #1:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/guardian # 2:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Providers:

Doctor: _____

Address: _____

Telephone number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parent/guardian or emergency contact in the following situations:

BLOOD GLUCOSE MONITORING

-

Target range for blood glucose is _____ mg/dl to _____ mg/dl.

Usual times to test blood glucose: _____

Times to do extra blood glucose tests (check all that apply)

_____ Before Exercise

_____ After Exercise

_____ When student exhibits symptoms of hyperglycemia

_____ When student exhibits symptoms of hypoglycemia

_____ Other (explain): _____

Can student perform own blood glucose tests? Yes No

Exceptions: _____

Type of blood glucose meter student uses: _____

School personnel trained to monitor blood glucose level and dates of training:

Where will the student perform blood glucose testing? _____

INSULIN

Types, times, and dosages of insulin injections to be given during school:

<u>Time</u>	<u>Type(s)</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

School personnel trained to assist with insulin injection and dates of training:

Can student give own injections?	Yes	No
Can student determine correct amount of insulin?	Yes	No
Can student draw correct dose of insulin?	Yes	No

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: _____ Basal rates: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)? Yes No

Comments: _____

MEALS AND SNACKS EATEN AT SCHOOL

The carbohydrate content of the food is important in maintaining a stable blood glucose level.

<u>Meal/Snack</u>	<u>Time</u>	<u>Food content/amount</u>
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____
Snack before exercise?	Yes No	_____
Snack after exercise?	Yes No	_____
Other times to give snacks and content/amount: _____		

A source of glucose such as _____ should be readily available at all times.

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class, e.g., as part of a class party or food sampling:

EXERCISE AND SPORTS

A snack such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if her blood glucose level is below _____ mg/dl or above _____ mg/dl.

HYPOGLYCEMIA (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

School personnel trained to administer glucagon: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If glucagon is required, it should be administered promptly. Then, 911 (or other emergency assistance) and the parents should be called.

HYPERGLYCEMIA (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Circumstances when urine ketones should be tested: _____

Treatment for ketones: _____

School personnel trained to test for ketones: _____

SUPPLIES AND PERSONNEL

Where are supplies for testing blood glucose levels kept? _____

Where are supplies for administering insulin kept? _____

Where are supplies for testing ketones kept? _____

Where is glucagon kept? _____

Where are supplies of snack foods kept? _____

School personnel trained in the symptoms and treatment of high and low blood sugar and dates of training:

SIGNATURES

This Health Plan has been reviewed by:

Student's Health Care Provider

Date

Acknowledged and received by:

Student's Parent(s) or Guardian(s)

Date

Acknowledged and received by:

School Representative

Date