



DIABETIC CARE PLAN

All students with diabetes are expected to carry specialized equipment and snacks during school activities. Diabetic students will have access to snacks at all times.

Grade _____ Classroom teacher: _____ required picture Parent/guardian contact: _____ cell _____ Other emergency contact: _____ phone _____
Other phone contacts: _____
Diabetic educator: _____
phone _____ Hospital preference: _____

Symptoms of most concern for this student are:

If student shows these symptoms: do not leave student unattended. Allow student to test blood sugar, get juice or snack as needed, call nurse to report x120, 661-8875. Although most often the student will be able to resume activities with no problems, significant low blood sugars will need a follow-up test. Please contact nurse. If student loses consciousness, this is an emergency. Call 911 and contact nurse immediately.

Diabetes Management during school sponsored activities:

1 Glucose monitoring. Does student have an insulin pump? YES ___ NO ___ If not, where will student carry monitor: ? _____ Student usually checks blood sugar at what times: _____ Target range for student's blood sugar: _____ Person(s) trained to assist: _____

2 Insulin Administration: Will student require insulin during school day? Yes No Usual time of injection, if needed, _____ Can student give own injections? Yes No Person(s) trained to assist: _____

3 Meals and Snacks – consistency is very important. Daily lunchtime: _____ Daily snack time: _____ Is student able to monitor own meals and snacks? Yes No Person(s) trained to assist: _____

4 P.E. and recess*** Student should NOT exercise if blood sugar is:

below _____ or, above _____ Day and time of PE: _____
Daily recess times: _____

If blood sugar is below _____ or above _____, notify _____ school nurse and _____ parent ASAP.

CSS Diabetes Management Plan

The faculty and staff at CSS support both the diabetic student and his/her family. We recognize that each child with diabetes has individual needs that may vary from day-to-day. As best as we can, the teachers and staff at CSS will make allowances for the diabetic student. A list of these allowances include:

- Eating whenever and wherever necessary.
- Unlimited bathroom and drinking privileges.
- Participation in off-campus trips and athletic events.
- Having enough time to finish lunch.
- Assistance with blood glucose monitoring, if needed.
- Phone privileges to contact diabetic support person, as needed.

Diabetes is a demanding disease. In order for us to provide a supportive and safe environment for your child, CSS will need direction and ongoing communication from the family. One of the primary communication tools is the Diabetic Care Plan. Please complete this form and return it to the school nurse as soon as possible. The nurse will review the information and contact the family. It is helpful for the family to request a staffing from the homeroom teacher or advisor. At the staffing, the family will have the opportunity to speak with all of the teachers and staff who will have daily contact with the diabetic student. At this meeting, the school nurse will distribute copies of the completed Diabetic Care Plan to each teacher and department.

We have learned that it is most convenient for diabetic students to carry a pack containing their diabetes supplies. In the past, this has worked well as a small backpack or fanny pack. This pack is expected to accompany the student throughout the school day. The contents of this pack will depend upon the personal management of the student's diabetes, but it should include a blood glucose monitoring device, appropriate snacks, glucose tabs, and alcohol wipes. The CSS community shares the family's concern that a student be prepared for a diabetic emergency anywhere on campus.

The school nurse has worked closely with the faculty providing diabetic education and classroom support. She will be a good point of contact for the diabetic student and family. If treatment protocols change, or new concerns arise, please call Leigh Saulsbury, the school nurse (x120).



DIABETES CHECKLIST FOR CLASSROOM TEACHER

Student name _____

_____ Diabetes Care Plan from family

_____ Substitute teacher folder contains Diabetes Care Plan

_____ Symptom sheet for low blood sugar visible for reference

_____ Snacks provided by family, optional

_____ Family has scheduled a staffing

DIABETES CHECKLIST FOR FAMILIES

___ Complete and return Diabetes Care Plan to School Nurse. Provide photo. ___

School Nurse has contacted us. ___ Schedule a staffing to meet teachers and offer

information. ___ Provide emergency snack food for classroom, optional. ___ Outfit

fanny pack, or backpack, with daily diabetic supplies as recommended.



DIABETES CHECKLIST FOR THE SCHOOL NURSE

STUDENT: _____ D.O.B _____

1. Enter completion date and initial each step below.
2. File completed checklist in student's health file.

_____ 1. Diabetes Care Plan completed and returned to school. _____ 2. Physician signature needed: yes no _____ 3. Copy of Diabetes Care Plan sent home to parent for records _____ 4. Copy of Care Plan and symptoms of low blood sugar provided to the following:

___ Music ___ PE ___ Art ___ Secretary ___ Theater ___ Library ___

Classroom teacher Others _____

_____ 5. Classroom staffing requested for _____ (date)

_____ 6. Training/delegation needed: ___ No ___ Yes Procedure #1:

Staff Name: _____ Date _____ Person providing training:

_____ Procedure #2:

_____ Staff Name: _____ Date _____

Person providing training: _____

_____ 7. Glucagon injection provided: ___ YES ___ NO