Student's Name	ID#	DOB	
School	Grade Home	eroom Teacher	
Effective Dates for Plan:/	/ to/Bus # / Transport	ation	
	Diabetes Care Pl	o.w	
<del>Diabetes Care Flan</del>			
	Parent/Guardian Respo	nsibilities	
Instructions: Give to parent/guardian to	read and sign. One signed copy to be kept by parent o	and one kept with student's diabetes care plan.	
	e Diabetes Care Plan. The parent/guardian will p	re Plan and will work with student's health care provide provide the school with the following materials,	
1. Diabetes Care Plan			
		e " <del>Diabetes Care Plan</del> Request" form available from	
your child's school will speed up the implementation of the diabetes care plan.)  — Obtain a blank "Diabetes Care Plan" and work with health care provider and school personnel to complete the form with the			
information needed to take care of your child's diabetes at school. A new plan must be filed each school year.			
□ Obtain signatures needed for the diabetes care plan.			
Obtain "Medication Authority	orization" and "Authorization for Self Medication	n by Students" forms from school for completion by	
student's health care provi	<del>der.</del>		
Return the completed plan and medication authorizations as soon as possible. Without these documents, school personnel will be			
limited in the help that the	y can provide. The student, parent/guardian, or !	911 responders (in the event of an emergency) may hav	
	or diabetes care until these documents are signed	and returned to the school and the diabetes care plan ca	
be implemented.			
Provide school with diabe	tes supplies and snacks needed for student's care	<del>.</del>	
2. Emergency phone numbers for the parent/guardian and student's diabetes care team			
☐ Provide school staff with names and phone numbers of appropriate individuals to contact for routine care and emergencies.			
3. Blood sugar testing supplies			
	Parent/guardian is responsible for the maintenance of the blood sugar testing equipment (i.e., cleaning and performing controlled testing per the manufacturer's instructions).		
□ Provide written instructions about student's blood sugar testing schedule and assistance needed.			
4. Insulin administration supplies and backup supplies for insulin pump users, if needed			
☐ Provide written instruction	ns about student's insulin requirements and assist	tance needed.	
5. Ketone testing supplies to check blood or urine, if needed			
Provide written instruction	ns about when to check for ketones.		
	Provide written instructions about measures to take if ketones are present.		
6. Supplies and instructions about treating low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia)			
☐ Provide written instruction	as about how to manage student's low or high ble	ood sugar levels	
<ul> <li>□ Provide written instructions about how to manage student's low or high blood sugar levels.</li> <li>□ Provide snacks, a source of fast sugar, and a glucagon emergency kit, if ordered by health care provider.</li> </ul>			
Provide recent photo of student for emergency identification purposes.			
Provide student with medic alert identification and encourage student to wear medic alert ID at school.			

Student's Name			
7. A logbook to be kept at school			
Provide a logbook to be kept with diabetes supplies for the recording of test results. Blood sugar values provided to the parent/guardian for review as often as requested.			
8. A container or other appropriate means to ensure proper disposal of used diabetes supplies			
9. Information about the student's meal/snack schedule			
<ul> <li>□ Work with the school to coordinate this schedule with that of</li> <li>□ Provide instructions for food during school parties and other</li> <li>□ Provide snacks that can be sued to prevent or correct low blo</li> <li>□ Provide information about preferred foods and foods to avoid</li> </ul>	activities. od sugars.		
10. Quick Reference Plan for Student with Diabetes			
<ul> <li>Obtain a "Quick Reference Plan" from school and complete.</li> <li>Return the completed plan to teacher/school administrator.</li> <li>The completed "Quick Reference Plan" will be provided to bus driver, substitute teacher, field trip chaperones, and other adults involved in the care or education of student.</li> </ul>			
11. Information about diabetes and the performance of diabetes-	related tasks		
☐ Provide general diabetes information, as well as information specific to the student.			
12. Replacement supplies needed for diabetes care			
☐ Check diabetes supplies and snacks on hand at school on a re ☐ Provide additional supplies before existing ones run out.	<del>ogular basis.</del>		
13. Information about changes in student's health status or medic	<del>ral management</del>		
<ul> <li>□ Provide school staff with update involving student's condition</li> <li>□ A new diabetes care plan may have to be completed and filed</li> <li>□ A new diabetes care plan must be completed and filed before appropriate diabetes care at school.</li> </ul>	l, depending on changes.		
14. Note signed by student's health care provider to obtain an excused absence for health care appointments			
☐ Follow up with teacher(s) to obtain make up assignments for ☐ Make sure that student completes missed work within the tin teacher.	excused absences. The frame allowed by school policy or that has been negotiated with		
Parent/Guardian Date	School Nurse, Teacher, or Administrator Date Received		
(Signed)	(Signed)		
One copy to be kept by parent/guardian	One copy to be kept with student's diabetes care plan		

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