

Appendix C DIABETES – STUDENT MANAGEMENT PLAN

NAME OF STUDENT _____ CLASSROOM TEACHER _____													
ROUTINE	MANAGEMENT												
1. BLOOD SUGAR CHECKING <input type="checkbox"/> My child can independently check blood sugar and read meter <input type="checkbox"/> My child needs supervision to check blood sugar and read meter	Parent please check appropriate routine blood sugar checking times: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Balanced Day</td> <td style="text-align: center;">or</td> <td style="text-align: center;">Regular Day</td> </tr> <tr> <td><input type="checkbox"/> Before 1st nutrition break (time)</td> <td></td> <td>Before Morning Break (time)</td> </tr> <tr> <td><input type="checkbox"/> Before 2nd nutrition break (time)</td> <td></td> <td>Before Lunch (time)</td> </tr> <tr> <td></td> <td></td> <td>Before Afternoon Break (time)</td> </tr> </table> Call parent if blood sugar > _____	Balanced Day	or	Regular Day	<input type="checkbox"/> Before 1 st nutrition break (time)		Before Morning Break (time)	<input type="checkbox"/> Before 2 nd nutrition break (time)		Before Lunch (time)			Before Afternoon Break (time)
Balanced Day	or	Regular Day											
<input type="checkbox"/> Before 1 st nutrition break (time)		Before Morning Break (time)											
<input type="checkbox"/> Before 2 nd nutrition break (time)		Before Lunch (time)											
		Before Afternoon Break (time)											
2. NUTRITION BREAKS	1. Student must be able to eat on time 2. Student must eat <u>all of the required food</u> prepared by parent at each break. 3. Supervision may be required *Communicate with the parent if the child does not eat required food.												
3. INSULIN <input type="checkbox"/> My child does not take an insulin injection at school <input type="checkbox"/> My child takes insulin at school <input type="checkbox"/> By injection. <input type="checkbox"/> By insulin pump <input type="checkbox"/> Insulin is given by <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Nurse	Insulin by injection / insulin pump to be administered at the following times Balanced Day <input type="checkbox"/> Before 1 st nutrition break (time) <input type="checkbox"/> Before 2 nd nutrition break (time) Regular Day <input type="checkbox"/> Before Morning Break (time) <input type="checkbox"/> Before Lunch (time) <input type="checkbox"/> Before Afternoon Break (time)												
4. EXERCISE PLAN (To help prevent a low blood sugar).	Please indicate what child must do (i.e. take juice) prior to exercise to help prevent a low blood sugar Before exercise : _____ During exercise: _____ After exercise: _____ Child's test kit and fast acting sugar should always be on hand during exercise activities.												
5. ILLNESS	Call parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS, student has Type 1 diabetes.												
6. SUPPLIES TO BE KEPT AT SCHOOL (RESPONSIBILITY OF THE PARENT)	<input type="checkbox"/> Fast acting sugar, carbohydrate snack in emergency – “low kit”. <input type="checkbox"/> Blood glucose meter and test strips, lancets. <input type="checkbox"/> Insulin pen, pen needles or syringe, insulin (in case of pump failure). Location: _____												

This personal information is being collected, used and disclosed to school staff and volunteers in accordance with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Education Act, for the purpose of addressing the needs of the student with type 1 diabetes. I agree that the school may post my child's picture, take emergency measures and share this information as necessary with the school staff and health care providers.

Date: _____ Parent's signature: _____