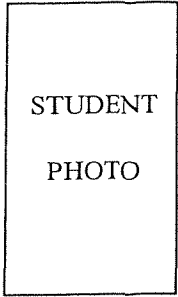


BALDWINSVILLE CENTRAL SCHOOL DISTRICT

DIABETES CARE PLAN

GENERAL INFORMATION



Name _____ DOB _____
 Teacher _____ Room _____ Grade _____
 Parent/Guardian Name _____ Home Phone _____
 Address _____ Work Phone _____
 _____ Cell Phone _____
 Parent/Guardian Name _____ Home Phone _____
 Address _____ Work Phone _____
 _____ Cell Phone _____

EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact #1 _____
 Name Relationship Phone
 Emergency Contact #2 _____
 Name Relationship Phone
 Emergency Contact #3 _____
 Name Relationship Phone
 Physician for Asthma Treatment _____
 Name Phone
 Other Physician _____
 Name Phone

Blood Glucose Monitoring

Target range for blood glucose: _____ mg/dl to _____ mg/dl
 Usual times to test blood glucose: _____
 Times to do extra tests (check all that apply): _____ Before exercise _____ When student exhibits symptoms
 _____ After exercise
 _____ Other (explain): _____
 Can student perform own blood glucose tests? Yes No Exceptions: _____

Insulin

Times, types and dosages of insulin injections to be given during school:

Time	Type(s)	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Additional pump instructions: _____

For Students with Insulin Pumps:

Type of pump: _____
 Make and Model # _____
 Trouble shooting phone # _____

Is student competent regarding pump?
 Can student effectively troubleshoot problems. (pump malfunction)?
 Comments: _____

Meals and Snacks Eaten at School (The carbohydrate content of the food is important in maintaining a stable blood glucose level)

	Time	Food content/amount
Breakfast	_____	_____
A.M. snack	_____	_____
Lunch	_____	_____
P.M. snack	_____	_____
Dinner	_____	_____
Snack before exercise?		
Yes	No	_____
Snack after exercise?		
Yes	No	_____

Other times to give snacks _____

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 Party or food sampling: _____

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

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

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Circumstances when urine or blood ketones _____

Treatment for ketones: _____

Parent/Guardian Signature

Parent/Guardian Signature

Date