



STUDENT WITH DIABETES: INDIVIDUAL HEALTH PLAN

Student: _____	School: _____
Birth Date: _____	Teacher/Grade: _____
Address: _____	
Mother: _____	<u>Health Care Provider treating diabetes:</u>
Home: _____	Name: _____
Work: _____	Phone: _____
Pager/Cell: _____	FAX: _____
Father: _____	<u>Parent-Designated Adult:</u>
Home: _____	Nam: _____
Work: _____	Daytime Phone: _____
Pager/Cell: _____	Pager/Cell: _____

Brief History:

Age of onset: _____ Date(s) of recent hospitalizations: _____
Most recent results & date of Hemoglobin A1C test: _____
Related social/emotional factors: _____

Concurrent illness or disability: _____
Level of independence* _____

*PLEASE SEE attached copy of *HCP orders for Students with Diabetes in WA State Schools*, the section labeled STUDENT'S SELF-CARE (ability level).

Blood Glucose Tests: Equipment and supplies to be provided by family.

Target range for blood glucose: _____ mg/dl to _____ mg/dl
Is blood glucose monitoring to be done at school? ___ Yes ___ No
Do you wish for readings to be charted? ___ Yes ___ No
Usual testing times: _____ Additional testing times: _____

Blood sugar testing: (Check the following that apply)

- Student tests independently.
- Student tests with verification of number on meter by designated staff.
- Student needs help with testing and/or to be done by school nurse.
- Test needs to be done by nurse.

At what high/low blood glucose range do you wish us to call you? _____
Supplies for blood glucose testing will be kept in the following location: _____

Insulin: Staff supports, but does not give injections. School nurse can assist when in building. Parent-designated adult may assist with administration of and/or administer insulin

School nurse building service days: _____
Types of insulin taken: _____
Usual times of insulin injections: _____
Does insulin need to be administered at school? ___ Yes ___ No

School Insulin administration: (check the following that apply)

- Student administers independently.
- Student self injects with verification of number on syringe or "pen" by designated staff.
- Student self injects with school nurse supervising
- Administration by nurse or parent-designated adult

Meals and Snacks: Food and fluids to be provided by family

Snack times: _____ Teachers allow for snack time in the classroom.

How would you like classroom awards (food) and classroom party treats handled?

- Student will eat treat.
- Replace with parent-supplied alternative.
- Modify the treat as follows:
- Schedule extra insulin per prearranged plan.

Lunch eaten at (time) _____ regardless of schedule changes, field trips, disaster, etc.
Will your child be bringing his/her lunch? _____ If buying lunch, is your child able to make healthy food choices on their own? _____ (We do not have sufficient staff to monitor.)

Exercise and Sports:

Recess times: _____ A.M. _____ P.M. _____

Physical Education days and times: _____

Indicate any restrictions: _____

Scheduled after-school activities: _____

- Provide Low and high blood sugar school plans and instruction to supervisor

Field Trips:

All diabetic supplies are taken on field trips and care is provided:

- By accompanying parent or parent-designated adult.
- According to procedure developed prior to field trip.
- According to low/high blood sugar school plans.
- Notify parent prior to planned field trip.

Hypoglycemia (Low blood sugar): Teachers will be given a copy of warning signs.

Hypoglycemia needs to be treated immediately either in the classroom or student may be sent to the health room with a buddy. School staff or PDA will administer hypoglycemia treatment.

Symptoms experienced when having an episode of hypoglycemia: _____

Preferred fluid/food source (type and quantity) to treat hypoglycemia: _____

Foods/glucagon will be provided by family and stored at _____ locations.
(Glucagon injections may be administered by school nurse, parent, or PDA per physician orders)

Hyperglycemia (High blood sugar): Teachers will be given a copy of warning signs.

Students will be sent to the health room with a buddy.

Students will be given extra bathroom privileges and extra zero-calorie fluid as necessary.

Any other recommendations? _____

Urine ketones: Parent will provide ketone strips.

Check urine ketones at _____ level of blood sugar. Notify physician of _____ ketones.

School Bus Route / Bus Number: AM _____ PM _____

- Provide low/high blood sugar school plans and instruction to transportation.

Please let us know how we can best support you and your child in the school setting.

Please contact the school nurse.

School Nurse: _____

Phone: _____

Parent signature: _____

Date: _____