

Form 316-08

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| School |       |
| Teacher |       |
| Grade |       |

**DIABETES CARE PLAN**

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| Student’s Name: |       | Birth Date: |       |
| Parent 1 Name: |       | Relationship: |       |
| Cell # |       | Work # |       | Home # |       |
| Parent 2 Name: |       | Relationship: |       |
| Cell # |       | Work # |       | Home # |       |
| Emergency Contact 1: |       | Relationship: |       |
| Cell # |       | Work # |       | Home # |       |
| Emergency Contact 2: |       | Relationship: |       |
| Cell # |       | Work # |       | Home # |       |
| Doctor’s Name: |       | Phone # |       |
| Time of day when an insulin reaction is most likely to occur: |       |
| Symptoms commonly experienced by the student: |       |
| What has been provided to treat the reaction? |       |
| Where is it located? |       |
| Alternatives:  | [ ]  4 oz. fruit juice [ ]  4 oz. pop (not diet) [ ]  Other: |       |
| Type of morning snack: |       |
| Type of afternoon snack: |       |
| Suggested treats for “in-school” parties: |       |

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| What has been provided to treat reactions: |       |
| Where is it located? |       |
| If a reaction occurs at school, the following emergency care should be given: |
|       |
|       |
|       |
|       |

|  |  |
| --- | --- |
| Does your child wear a Medic Alert bracelet?  |  [ ]  Yes [ ]  No |
| Have you spoken to your child’s teacher regarding their condition? [ ]  Yes [ ]  No |
| Any other special instructions? |
|       |
|       |
|       |
|       |
|  |  |  |
| (Parent/Legal Guardian Signature) |  | (Date) |

**SCHOOL STAFF: Refer to pamphlet “Your Student With Diabetes” in Resource section of red school health binder.**

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