

# Diabetes Medical Plan for School Year 20\_\_\_\_\_

## Contact Information

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Diabetes Type: ☐ 1 ☐ 2  
 Teacher: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Hospital: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Notifications

*Notify Guardians or Emergency Contact immediately if the followed occur(s)*

<input type="checkbox"/> Convulsions or Seizures	<input type="checkbox"/> Nausea or Vomiting	<input type="checkbox"/> Loss of Consciousness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fever	<input type="checkbox"/> Abdominal Pain
<input type="checkbox"/> Large Urine Ketones	<input type="checkbox"/> Moderate Urine Ketones	<input type="checkbox"/> Blood Sugars over _____ mg/dl

## Equipment

*Guardian(s) will provide the following medical equipment*

<input type="checkbox"/> Blood Glucose Monitor/Strips	<input type="checkbox"/> Lancets	<input type="checkbox"/> Urine Ketone Strips
<input type="checkbox"/> Insulin Pen/Needles	<input type="checkbox"/> Sugar/Carb Source	<input type="checkbox"/> Glucagon Emergency Kit

Insulin Insertion Device: \_\_\_\_\_  
 Other Medication: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Route: \_\_\_\_\_ Amount: \_\_\_\_\_

## Monitoring

<input type="checkbox"/> Student monitors own glucose	<input type="checkbox"/> Student has needs a supervisor: _____
Time 1 Performed: _____	Place 1 Performed: _____
Time 2 Performed: _____	Place 2 Performed: _____
Time 3 Performed: _____	Place 3 Performed: _____
Time 4 Performed: _____	Place 4 Performed: _____

## Low Blood Sugar

Symptoms: \_\_\_\_\_

Solutions: \_\_\_\_\_

## High Blood Sugar

Symptoms: \_\_\_\_\_

Solutions: \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date