A picture containing text, lamp

Description automatically generated

Form 316-08

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

**DIABETES CARE PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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