



Cowichan Valley School District

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: _____

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.