



Appendix B:

Diabetes Student Management Plan

Student Name: _____		Classroom Teacher: _____	
Photo	Blood Sugar Checking <input type="checkbox"/> Student can independently check blood sugar/read meter <input type="checkbox"/> Student needs supervision to check blood sugar/read meter Blood Sugar Checking Times Blood sugar to be checked as outlined below: <hr style="border: 1px solid black;"/>		
	Healthy Blood Sugar Range: _____ Call Parent/Guardian if Blood Sugar: <hr style="border: 1px solid black;"/>		
Nutrition Breaks 1. Student must be able to eat on time 2. Student must be able to eat all of the required food prepared by the parent/guardian Nutrition Breaks are required as outlined below: <hr style="border: 1px solid black;"/> <p><i>* Communication with the parent/guardian if the child does not eat required food is important.</i></p>			
Insulin <input type="checkbox"/> Student requires insulin at school <input type="checkbox"/> Student does not require insulin at school	Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	Insulin is administered as outlined below: <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>	
Exercise Plan Indicate the steps to be followed to help prevent low blood sugar: 1. Before Exercise: _____ 2. During Exercise: _____ 3. After Exercise: _____	Location of Supplies at School 1. Fast Acting Sugar: _____ 2. Blood glucose meter, test strips, lancets: _____ 3. Other supplies: _____		

EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone	Work Phone	Cell Phone

SCHOOL STAFF TRAINED IN DIABETES MANAGEMENT

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Date: _____

Parent/Guardian Signature: _____
or student if over 18 years of age

This personal information is being collected, used and disclosed to school staff and volunteers in accordance with the Personal Health, Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act and Education Act, for the purpose of addressing the needs of the student with Type 1 diabetes. I agree that the school may post my child's picture, take emergency measures and share this information as necessary with the school staff and health care providers.