

DIABETES MANAGEMENT AND EMERGENCY PLAN SCHOOL YEAR 2
e of Student:
e of Student:
of Birth:
care Number:
photo parent grated Staff:
tact information  er/Guardian:
tact information  er/Guardian:
tact information  er/Guardian:
er/Guardian:
chone: Home Work
chone: Home Work
er/Guardian:
cell
ent's Physician:
child is able to manage his/her diabetic care independently and does not require any cial care from the school.
Relationship:
Relationship:
child is able to manage his/her diabetic care independently and does not require any cial care from the school.
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cial care from the school. Yes   No
cial care from the school. Yes   No
cial care from the school. Yes   No
es", go directly to PART III.



arga 2			
PART II - DIABETES MANAGEMENT PLAN (if a	applicable)		
Blood Glucose Monitoring			
Target range is:			
Usual time to check blood glucose:			
Other times to check blood glucose (i.e. before/after ex	xercise):		
My child can perform his/her own blood glucose check	· []	Yes [	No
Parent's responsibilities:			
School's responsibilities:			
Student's responsibilities:			
Additional information:			
Insulin Injection			
For students with insulin syringes/pen:			
My child can give own injection.  My child can determine correct amount of insulin.	☐ Yes ☐ Yes	☐ No ☐ No	
For students with an insulin pump:			
My child can calculate and administer correct dose.	Yes	☐ No	
Usual dose:			
Parent's responsibilities:			
School's responsibilities:			
Student's responsibilities:			
Additional information:			



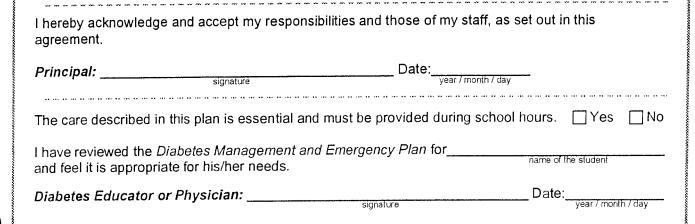
arent's responsibilities:
arent's responsibilities:  tudent's responsibilities:  structions when food is provided to the class:  dditional information:  iabetes Management Kit  upplies to be provided by parents and kept at school:  Blood glucose meters, test strips, and batteries.  Insulin vials and syringes / or insulin pump supplies / or insulin pen and supplies.  Fast-acting source of glucose.  Carbohydrate containing snack (e.g. crackers and cheese).  Glucagon emergency kit.  A backup supply of fast-acting sugar.  t / Medication Management:  **Long to the class:**  Long to the class:**
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pecial Events/Other
pecial Events/Other



Hypoglycemia (Low Blood Sugar)	
Usual symptoms of hypoglycemia:	
Treatment of hypoglycemia:	
Hyperglycemia (High Blood Sugar)	
Usual symptoms of hyperglycemia:	
Treatment of hyperglycemia:	
Glucagon	
In case of an emergency I agreea Glucagon injection. ☐ Yes ☐ No	name of the student is to receive
If yes, weight: Glucagon do	osage
PART IV - DESIGNATED SCHOOL PER	RSONNEL
The personnel listed below have received the management and emergency intervention de	e necessary training to assist with the diabetes escribed above.
Name	Title
	joing diabetes management and emergency interventions
I have verified the instruction concerning ong provided to the persons above for the care of	tino ottadont and mid to docuption.



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PART V - SIGN-OFF	
I have read and understand the <i>Diabe</i> described in this plan and the sharing must know in order to provide the ser	etes Management and Emergency Plan and agree to the care of information relevant to the service requested with those who vice.
Student (16 years and older):	Date:
understand the designated persons h	I personnel to provide the care described above to my child. I ave no medical qualifications and will perform the requested tope of the training received in accordance with this agreement.
this agreement and provided by me, a	rize school personnel to administer the medication specified in and to obtain suitable medical assistance. I agree to assume with medical treatment and transportation.
I hereby acknowledge my responsibili Services and the Handbook for Type to the best of my ability.	ties, as set out in this agreement, in Policy 704 - Health Support  1 Diabetes Management in Schools and agree to carry these out
I agree to notify the school in writing o	of any changes to the information provided on this form.
I agree that the information provided on while the involved in the care of my	on this form will be shared on a need-to-know basis with anyone child on behalf of the school.
areas of the school (e.g. classroom, ki	bout my child's health/medical condition available in strategic itchen, principal's office, staff room) to assist in providing provide a photo of my child for this purpose.
I agree that the principal or his/her desemergency or should he/she require cagreement.   Yes No	signate may contact my child's physician in the event of a medical larification about the school's responsibilities as set out in this
Parant/Guardian:	Date <sup>.</sup>





## **ANNUAL REVIEW**

**Note:** if the requirements of the service requested have changed, complete a new *Diabetes Management and Emergency Plan*. If there are no changes, use this sign-off sheet to confirm the plan has been reviewed with the parent.

This plan remains in effect for the 2_	2	school year without change.
Parent/Guardian:	signature	Date:
Principal:	signature	Date:year/month/day
This plan remains in effect for the 2_	2	school year without change.
Parent/Guardian:	signature	Date:
		Date:
This plan remains in effect for the 2_		
Parent/Guardian:	signature	Date:
Principal:	signature	Date:Date:
This plan remains in effect for the 2_	2	_school year without change.
Parent/Guardian:	signature	Date:
Principal:	signature	Date:
This plan remains in effect for the 2	2	school year without change.
Parent/Guardian:	signature	Date:
	signature	

	CHILD'S N	AME
		Teacher
	Date of Birth:	
Epipen Syringe Expires		
Dr.:		<u> </u>
Medicare #		
Medic Alert Bracelet - \	es / No Emergeno	cy Tele: Mother:)
		:) + 911 Father :)
SEVERE HEALTH PRO	DBLEMS / ALLERGIES:	
Possible Causes	Signs & Symptoms	<u>Action</u>
OTHER ALLERGIES / I	HEALTH PROBLEMS  Signs & Symptoms	Action
Location of "Medication" (Epipen / other medication	: on)	
It is the responsibility of allergies, asthma, diab EpiPen® or any other p student's waist in a cal	of the parent/guardian to ' etes or any other life-threa prescribed essential medic	Services in Public Schools) states the following: Ensure that a student with conditions like severe attening conditions carries, every day, an eation on his/her person (usually kept around the sonnel should not be expected to search for ey situation".
Parent's Signature:		
Date:		