



**Standardized Academic Testing Procedures:** School Staff to notify Parents and School Nurse of upcoming standardized testing in order to create a plan for Blood Glucose monitoring and treatment.

**Student's Self Care** (ability level to be determined by School Nurse and Parent with input from Health Care Provider prn)

- Totally Independent Management  Yes  No  Agreement for Student's Independent Management Completed
- Assist/supervise blood glucose testing by trained staff  Yes  No
- Blood glucose testing to be done by trained staff  Yes  No
- Administers Insulin Independently  Yes  No
- Insulin injections to be done by trained staff  Yes  No
- Self-Injects with verification of dose & supervision  Yes  No
- Monitors own snack and meals  Yes  No
- Trained staff to monitor food intake  Yes  No
- Independently Counts Carbs  Yes  No
- Trained staff to assist with carb counting  Yes  No
- Self-treats mild hypoglycemia  Yes  No
- Tests and interprets urine/blood ketones  Yes  No

Other: \_\_\_\_\_

\*See Pump Addendum for self-care pumps skills

**Additional Information**

**Field Trip Information and Special Events:**

1. Notify parent and school nurse in advance so proper training can be accomplished
2. Adult staff must be trained and responsible for student's needs on field trip
3. Extra snacks, BG meter, copy of health plan, glucagon, insulin & emergency supplies must accompany student on field trip
4. Adult(s) accompanying student on a field trip will be notified of student's health accommodations on a need to know basis

**Exercise and Sports:**

Snack prior to PE  Snack after PE  Snack before Recess  Snack after Recess # of Snack Carbs: \_\_\_\_\_

In general, there are no restrictions on activity except in these cases:

Student should not exercise if blood glucose is >300 and ketones is > small or until hypoglycemia/hyperglycemia is resolved

A source of fast-acting glucose & glucagon should be available in case of hypoglycemia

Special Instructions: \_\_\_\_\_

**Staff Trained:**

Monitor blood glucose & treat hypo/hyperglycemia Give Insulin Give Glucagon

Staff Trained:	Monitor blood glucose & treat hypo/hyperglycemia	Give Insulin	Give Glucagon
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Further Instructions:** \_\_\_\_\_

**See Addendum(s):**  Emergency Action Plan: Glucose Monitoring & Treatment  Insulin Pump  
 Insulin Injection & Medication Management  Continuous Glucose Monitor  Supplies  Activity Plan

**PARENT/GUARDIAN PERMISSION**

I understand that:

- Medication orders are valid for this school year only & need to be renewed at the beginning of each school year.
- New Physician Orders are needed when there are any changes in the medication orders. (e.g. at quarterly clinic visits)
- Medication orders will become part of my child's permanent school health record.
- Medications must be in original container and labeled to match physician's order for school use including field trips.
- I have the responsibility for notifying the school nurse of any changes in Medication or care orders.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed medication administration, provider orders, and related student health information appropriate for my child's health and safety.
- I give my permission to the school nurse and designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP).
- I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.
- Parent/Guardian & student are responsible for maintaining necessary supplies,snacks,blood glucose meter,medications & other equipment.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Nurse: \_\_\_\_\_ School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_