

HAWTHORN SCHOOL DISTRICT #73
Vernon Hills, Illinois 60061

Student Photo

DIABETES MANAGEMENT PLAN

Student _____

Grade/Hm. Rm. _____

Mother/Daytime Phone _____

Father/Daytime Phone _____

Physician _____

Dr.'s Phone _____

DAILY MONITORING DURING SCHOOL – Location: Nurse's office

Usual Time(s): Blood sugar _____

Ketones (urine) _____

Desired blood sugar range: _____ to _____

Record keeping procedures for school: _____

Type of assistance student may need: _____

SNACKS (Provided from home) – Location to be kept: _____

Usual time (s): _____ Type/amount _____

P.E./RECESS/TEAM SPORTS - Full participation except when:

Symptoms such as _____

Blood glucose below _____ or above _____

Ketones present in urine

Other _____

MEDICATION IN SCHOOL: (to be kept in Nurse's office):

Insulin: Type(s) _____ Dose _____ Usual time _____

Other: _____

Type of assistance student may need: _____

(OVER)

INTERVENTIONS FOR HYPOGLYCEMIA (low blood sugar) summon nurse adult escort to nurse

If mild (_____ to _____), then _____

If moderate (_____ to _____), then _____

If severe (_____ or below), then _____

INTERVENTION FOR HYPERGLYCEMIA (high blood sugar)

If above _____, then _____

INSTRUCTIONS FOR SPECIAL EVENTS

Trips _____

Parties in school _____

SCHOOL BUS

- Bus company and driver have been informed
- Student may eat snack on bus if needed
- Parent will be called to transport if reaction occurs 30 minutes prior to bus ride home

INSTRUCTIONS

I/we agree to release this information to the following staff members as appropriate, with the expectation that confidentiality will be respected at all times:

- | | | |
|--|--|--|
| <input type="checkbox"/> teacher(s) | <input type="checkbox"/> after school club/coaches | <input type="checkbox"/> recess staff |
| <input type="checkbox"/> P.E. teachers | <input type="checkbox"/> substitute teacher | <input type="checkbox"/> Bus personnel |
| | | <input type="checkbox"/> Other _____ |

Parent(s) signature _____ Date _____

File: Permanent Student Health Record
Copies: Staff (as indicated above)

SNC: Diabetes Management Plan