

Norfolk Public School Diabetic Health Care Plan

Students Name: _____ School: _____ Date: _____
 Primary Care Physician: _____ Phone _____
 Specialty MD: _____ Phone _____
 Parent/guardian: _____ Phone _____ Wk: _____ Cell: _____
 Emergency Contact: _____ Phone _____ **Allergies:**

Blood Glucose Monitoring:		
Testing Times: _____	Location: _____	Goal range for Blood Sugar _____
Times to do extra tests Before Exercise _____ After Exercise _____	Students performs own blood sugar tests: yes _____ No _____ Type of glucose meter _____	
Check blood glucose if the following signs or symptoms are noted: Notify Parent when Blood sugar is < _____ or > _____		
Check Urine Ketones if blood glucose is > _____		
Daily Insulin Plan: Insulin given at school: Yes _____ No _____ Supply location: _____		
Insulin Type:	Dosage	Time
_____	_____	_____
_____	_____	_____
Sliding scale used:		
Dietary concerns/restrictions/daily schedule: School snacks supplies are kept: _____		
Midmorning snack _____	Preferred Snacks: _____	
Mid-afternoon Snack _____		
Snack before exercise _____		
Snack after exercise _____		
Other dietary concerns _____		
Concurrent illness or disability: Additional medications _____		
Related social /emotional factors:		
Specific signs and Symptoms of hypoglycemia (low blood sugar) for this student. <input type="checkbox"/> sweaty <input type="checkbox"/> mood changes <input type="checkbox"/> headache <input type="checkbox"/> confused <input type="checkbox"/> Shaky <input type="checkbox"/> pale <input type="checkbox"/> blurred vision <input type="checkbox"/> poor coordination <input type="checkbox"/> hunger <input type="checkbox"/> weak <input type="checkbox"/> faint/dizzy <input type="checkbox"/> other		
Recommended Treatment:		
Emergency action necessary		

Signature:
 School Nurse: _____
 *Parent/guardian: _____
 M.D. _____

*Signature required
 *Please note when the student is monitoring blood glucose at school, the parent is responsible for providing, maintaining and calibration of the students equipment