

1) In event of field trips, all diabetes supplies are taken and care is provided:

- By accompanying parent or parent-designated adult.
- According to procedure developed prior to field trip.
- According to low/high blood sugar school plans.
- Notify parent prior to planned field trip.

2) In event of classroom/school parties, food treats will be handled as follows:

- Student will eat treat.
- Replace with parent supplied alternative.
- Modify the treat as follows:
- Schedule extra insulin per prearranged plan.

3) Scheduled after school activities:

- List:
- Low/high blood sugar after school plan to:
 - Supervisor with instruction.
 - Parent-designated adult.

4) Attach copies of High Blood Sugar School Plan and Low Blood Sugar School Plan*.

***NEVER SEND A CHILD WITH LOW OR HIGH BLOOD SUGAR ANYWHERE ALONE.**

5) Activities student can self manage:

- Totally independent management.

OR

A. Blood sugar monitoring:

- Student monitors independently.
- Student monitors with verification of number on meter by designated staff.
- Student needs help with monitoring → to be done by parent-designated adult.
- Monitoring needs to be done by → parent-designated adult.

B. Insulin injection:

- Administers independently.
- Student self injects with verification of number on insulin pen by designated staff.
- Student self injects (syringe or pen) with → supervision and/or administration by → parent-designated adult.
- Administration by → parent-designated adult.

C. Self treats mild hypoglycemia.

D. Monitors own snacks and meals.

E. Monitors and interprets own ketones.

F. Student implements universal precautions when lancing finger and disposing of lancets/syringes.

6) Equipment and Supplies:

<p>EQUIPMENT AND SUPPLIES PROVIDED BY PARENT.</p>	<p>Blood Sugar Meter Kit (includes all blood monitoring supplies for school). Low Blood Sugar Supplies: _____ _____</p> <p>For Example:</p> <ul style="list-style-type: none"> • Fast-acting carbohydrate drinks: apple juice and/or orange juice and soda pop (regular, not diet)—6 pack. • Glucose tablets. • Glucose gel product. • Gel Cakemate (not frosting) (19gm. Mini-purse size). • Pre-packaged snacks (such as cracker/cheese; crackers/peanut butter, etc.) times 5–6. <p>Daily Snacks: (for a.m./p.m. snack times): _____ _____</p>	<p>Disaster Supplies (check x):</p> <p><input type="checkbox"/> Food supply for 3 days stored in: _____</p> <p><input type="checkbox"/> Low blood sugar supplies.</p> <p><input type="checkbox"/> Medication and medical supplies stored in: _____</p> <p><input type="checkbox"/> Insulin pen and needles.</p> <p><input type="checkbox"/> Insulin and syringes.</p> <p>Other Supplies (specify): _____ _____</p> <p>Disaster Plan attached.</p>
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Date of next plan review: _____

Must be reviewed before the next school year unless there is a change requiring earlier revision.

<p>Parent</p>	<p>Date</p>	<p>School Nurse</p>	<p>Date</p>
<p>Student</p>	<p>Date</p>	<p>Physician (optional) MD/DO/PA/ARNP</p>	<p>Date</p>
<p>Parent-designated adult (if one has been assigned)</p>			<p>Date</p>