

STUDENT'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

## DIABETES CARE PLAN

### Parent/Guardian Responsibilities

*(Signed copy to be kept with the Diabetes Care Plan and copy given to parent)*

The parent/guardian will provide the school with the following completed forms and will meet with the school nurse to develop the Diabetes Care Plan based on information specific for the student. Without these forms, school personnel will be limited in the help that they can provide. The student, parent/guardian, or 911 responders (in the event of an emergency) may have to assume responsibility for diabetes care until these forms are signed and a Diabetes Care Plan can be implemented. Parents/guardians must provide updates regarding any changes in the student's condition and/or changes in the Diabetes Care Plan. The following forms must be completed each school year:

1. *Parental Request for Individual Diabetes Care Plan*
2. *Physician Order and Treatment Plan*
3. *Quick Reference Plan for Student with Diabetes*
4. *Parent Responsibilities and School Responsibilities*
5. *Diet Order Form - optional*

The parent/guardian will routinely monitor and replenish supplies as needed and will be responsible for the maintenance of all equipment. The parent/guardian will provide the school with the following supplies:

1. *Medication as ordered by the physician (insulin, glucagon, glucose tablets) and insulin administration supplies*
2. *Blood sugar and ketone testing supplies*
3. *Daily snacks, emergency snacks and appropriate snacks on party or special days*
4. *Log book if parent desires*
5. *Insulin pump instruction booklet and back-up supplies*
6. *Medic alert ID bracelet/necklace and recent picture for emergency identification*

The parent/guardian will provide the Quick Reference Plan to the supervising adult if the student is participating in an extracurricular activity where the parent will not be present to give care. If the supervising adult needs further training in diabetes care, the parent will contact the school nurse. The Quick Reference Plan will also be provided to the bus driver and other adults involved in the care or education of the student.

Parent/Guardian's Signature	School Nurse, Teacher or Administrator's Signature
Date:	Date received: