

DIABETES CARE PLAN

School Responsibilities

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

DIABETES CARE PLAN

The school will inform the parent/guardian of each identified student with diabetes about the availability and nature of an individualized Diabetes Care Plan to manage the student's diabetes at school. The Diabetes Care Plan, based on the *Physician Order and Treatment Plan*, will be developed, implemented and maintained with the input from the parent/guardian, student, student's health care provider, school nurse and other appropriate school personnel. The plan will be completed each year and updated when notified of change in condition. The plan will include a *Quick Reference Plan* for bus drivers and other school personnel involved in the student's care or education.

DIABETES TRAINING

The school will provide general diabetes training to all school personnel who provide education or care for the student. In addition, the school will provide more intensive diabetes training to two or more staff members in accordance with the student's individualized Diabetes Care Plan to ensure that at least one trained adult is available to provide or assist with care while at school or planned field trips. If the student participates in an extracurricular activity, the school will provide diabetes training to supervising adults if requested by the parent/guardian. The training includes:

1. *Finger stick blood sugar monitoring*
2. *Food, snack schedule and physical activity precautions*
3. *Treatment of high and low blood sugar*
4. *Administration of glucagon*
5. *General insulin pump information*
6. *Ketone testing*
7. *When to contact parent/guardian, health provider or call 911*

SPECIAL PROVISIONS

The school will notify the parent/guardian in advance of any expected changes in the school schedule that affect the student's meal, snack or exercise routine. The parent/guardian will be notified of any parties or special activities in order for special provisions to be made for snacks or treatment.

The school will identify an appropriate location to provide privacy and convenience for supplies, testing, treatment and sharps disposal where the student will have immediate access; the student may choose to carry supplies. The student will be allowed eat a snack anytime and anywhere including the bus, to prevent or treat a low blood sugar and to test blood sugar wherever and whenever is necessary if he/she has demonstrated ability. The student will have access to the restroom and water as necessary. The school will provide emotional support to prevent embarrassment or ridicule from others.

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