

Type 1 Diabetes

	STUDENT	SPECIFIC		
Student Name:	Date of Birth:	Age:		Insert
OEN Number:	Teacher:	Grade	Grade:	
Medical Alert ID: Yes No	(for high schools, indicate Semester 1 Homeroom Teacher)			Student
Any other medical condition or aller	gy?			Photo
Emergency Contact Information:				
Name:	Relationship:		Contact Numbers:	
	Type 1 Dia	betes Supports		
Names of trained individuals who v	vill provide support w	rith diabetes-related to	asks:	
Name:	Position:		Role:	
Da	ily Routine Type 1 Diabeto	es Management		
Target Blood Glucose Range:		Time(s) to check I	Blood Glucose:	and
Contact parent(s) / guardian(s) if Bo	e ic.			
Contact parent(s) / guardian(s) ii b	o is	-		
Location of insulin:		_ Required times fo	or insulin:	
✓ Parents MUST provide, mai				
✓ Student should be able to cl✓ Reasonable accommodation	•		•	
Student should not trade or	share food/snacks wi	th other students.	·	
✓ All students with Type 1 dia before meal/nutrition break		ne students will requir	e insulin during the s	school day, typically
✓ Physical activity lowers bloc		n checked before activi	ty. Carbohydrates ma	ay need to be eaten
before/after physical activit	y. A source of fast-act	ing sugar must always	be within students' r	each.
Student is able to manage their dia			equire any special ca	re from the school.
	y to page 4 – Emergen the following sections	•		
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Blood Glucose Monitoring:		Insulin:			
	Student requires trained individual to check Blood		Student does not take insulin at school.		
	Glucose (BG) /read meter		Student takes insulin at school by:		
	Student needs supervision to check BG /read		injection or pump (circle appropriate)		
	meter.		Insulin is given by:		
	Student can independently check BG/read meter.		student		
Ш	Student has continuous glucose monitor (CGM).		student with supervision		
			parent(s)/guardian(s)		
NItuiti	on Breaks:	A adicaldo a	trained individual		
	Student requires supervision during meal times to	Activity	Student must do the following prior to physical		
Ы	ensure completion.		activity to help prevent low blood sugar.		
	Recommended times:		Before:		
П	Student can independently manage his/her food		During:		
	intake.		After:		
Diaha			onsiderations:		
	tes Management Kit will include: Blood Glucose meter	Other C	onsiderations:		
	BG test strips				
	Lancets				
	Insulin and insulin pen and supplies				
	Carbohydrate containing snacks				
	Other:				
Nama	f Madication . Decage	Funi	ry Data. Time to administers		
Name o	f Medication: Dosage:	схрі	ry Date: Time to administer:		
Special a	accommodations to be considered (if applicable):				
Possible sign effects:					
Additional instructions (e.g. storage of medication):					
Disposal of Medication:					
Healthca	are Provider's Name:				
Professi	on / Role:				
Signatur	e:		Date:		
	(Health Care Provider)				
Diabetes Management Kit will be stored in the office. This is the primary and only kit. This is the secondary.					
Student will carry their Diabetes Management Kit at all times.					
If applicable, Diabetes Management Kit will be stored in the student's locker. Locker #					

Administrative / Plan Review

Individuals with whom this Plan of Ca	re is	o be shared:			
☐ Principal or Principal Designate		Teacher-in-Charge	☐ Administrative Assistant (s)		
☐ Classroom Teacher(s)		Planning Time Teacher(s)	Resource Teacher(s) / Support Services		
☐ Student Monitors/ Volunteers		Occasional Teachers			
Other individuals to be contacted reg	ardin	g Plan of Care:			
□ PLASP / Daycare		Transportation	☐ Other:		
As the parent of management of their child's medical			been an active participant in supporting the		
the medical condition of my child that	an tha dition nerge	at which has been provided to the or in treating it. School Admin acy Glucagon Kit is provided by t	onals and have no more information about nem. They are not experts in recognizing the istration and/or staff do NOT administer the the parent/guardian, it will be made		
☐ I have educated my child about h	his/h	er medical condition.			
☐ I have encouraged my child to self-manage and self-advocate.					
☐ I give consent to share information on signs and symptoms with other students (e.g. classmates).					
☐ I have informed the school of my child's medical condition(s) and will communicate any changes or updates.					
This plan remains in effect for the school year without change and will be reviewed annually.					
It is the parent(s)/guardian(s) responting the school year.	nsibili	ty to notify the principal if there	is a need to change the plan of care during		
Parent(s) / Guardian (s):			Date:		
	(si	gnature)			
Student:	atur	– if applicable)	Date:		
. •	uture	– ij upplicubiej	Detai		
Principal:	(sign	 ature)	Date:		

Emergency Procedures

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 MMOL/L OR LESS) DO NOT LEAVE STUDENT UNATTENDED							
Usual symptoms of Hypoglycemia for my child are:							
☐ Shaky ☐ Blurred vision ☐ Pale ☐ Dizzy	, □ Irritable/grouch □ Headache □ Confused □ Hungry	ny	☐ Trembling ☐ Weak/Fatigue ☐ Other:				
Actions to take for MILD HYPOGLYCEMIA (student is RESPONSIVE):							
Step 1: Check blood glucose and give _Step 2: Re-check blood glucose in 15 m		ast-acting carbonyt	drate (e.g. /2 cup or juice)				
•		s above 4 mmol/L	Give a starchy snack if next meal/snack				
is more than 1 hour away.	ncps I and Z antil bo l	3 above 4 mmoly E.	Give a starting shack if flext fliedly shack				
Actions to take for SEVERE HYPOGLYCEMIA (student is UNRESPONSIVE): Step 1: Place the student on their side in the recovery position. Step 2: Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until EMS arrives. Step 3: Contact parent(s)/guardian(s) or emergency contact.							
School Administration and/or staff do NOT administer the glucagon syringe injections. If an Emergency Glucagon Kit is provided by the parent/guardian, it will be made available to emergency personnel (EMS) to be used as appropriate. HYPERGLYCEMIA – HIGH BLOOD GLUCOSE (14 MMOL/L OR MORE)							
Usual symptoms of Hyperglycemia for m	ov child are:		·				
Extreme thirst	ry crilid are.] Irritability					
☐ Hungry		_					
☐ Warm, flushed skin		_					
☐ Frequent urination		Other:					
☐ Abdominal Pain							
Actions to take for MILD HYPERGLYCEMIA: Step 1: Allow student free use of bathroom. Step 2: Encourage student to drink water ONLY. Step 3: Inform the parent/guardian if BG is above							
Symptoms of SEVERE HYPERGLYCEMIA (NOTIFY PARENT(S) / GUARDIAN(S) IMMEDIATELY)							
Rapid, shallow breathing							
Actions to take for SEVERE HYPOGLYCEMIA (student is UNRESPONSIVE):							
Step 1: If possible, confirm hyperglycer							
	Step 2: Contact parent(s)/guardian(s) or emergency contact.						