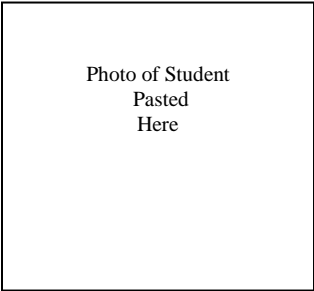




400 North Church Street  
 Monroe, NC 28112  
 Phone 704.296.0845 Fax 704.289-2457  
 www.ucps.k12.nc.us

**DIABETES CARE PLAN**



**Student's Name** \_\_\_\_\_

**Student ID #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Type** Diabetes **Date of Diabetes Diagnosis** \_\_\_\_\_

School: \_\_\_\_\_ School Year \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Bus # / Transportation \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Trained School Diabetes Care Providers:

_____	Date trained: _____
_____	Date trained: _____
_____	Date trained: _____

Where are student's diabetes supplies kept? \_\_\_\_\_

Where will diabetes care take place? \_\_\_\_\_

Does the student wear a Medic Alert?  YES  NO (All persons with diabetes should wear a Medic Alert bracelet.)

**504 Accommodation Plan:**  YES  NO Date of Plan: \_\_\_\_\_

Reasonable accommodations for this student include but are not limited to:  
 Bathroom privileges: Allow free and unlimited use of bathroom facility. If this is being abused please contact school nurse.  
 Access to water: Student should be allowed to carry water bottle if desired.  
 Testing concerns: Academic performance may be adversely affected due to fluctuations in blood sugar levels.  
 Therefore, additional accommodations may be necessary

**REMINDER: Diabetes supplies must be brought on all field trips.**

**FOOD AND EXERCISE**

MEAL/SNACK	TIME	FOOD CONTENT / AMOUNT
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

Restrictions for playing sports or participating in physical activity: \_\_\_\_\_

**PREFERRED SNACKS:**

\_\_\_\_\_

\_\_\_\_\_

---

**FOODS TO AVOID:**

\_\_\_\_\_

\_\_\_\_\_



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**LOW BLOOD SUGAR (Hypoglycemia)**

**SYMPTOMS AND TREATMENT**

**Hunger, sweating, trembling, pale appearance, inability to concentrate, confusion, irritability, sleepiness, headache, dizziness, crying, slurred speech, poor coordination, personality change, complains of feeling “low,” blood sugar below 80 mg/dl.**

**Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.**

Symptoms of low blood sugar for this student: \_\_\_\_\_

Times student is most likely to experience a low blood sugar: \_\_\_\_\_

Where are quick sugar/snacks kept? \_\_\_\_\_

Preferred type of quick sugar: \_\_\_\_\_

**Follow health care provider’s orders.**

Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of low blood sugar episode.

If symptoms worsen, call 911, parent/guardian, and health care provider. Glucagon, if authorized by student’s health care provider, may be needed if student becomes unconscious, has a seizure, or is unable to swallow.

**If student is unconscious, experiencing a seizure, or unable to swallow:**

Contact trained school diabetes care provider or school nurse immediately to inject emergency glucagon, if authorized for student. (See health care provider’s orders.)

Call 911, parent/guardian, and health care provider.

Turn student on side and keep airway clear. Do not insert objects into student’s mouth or between teeth.

Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.

**HIGH BLOOD SUGAR (Hyperglycemia)**

**SYMPTOMS AND TREATMENT**

**Frequent urination, excessive thirst, nausea, vomiting, dehydration, sleepiness, confusion, blurred vision, inability to concentrate, irritability, or blood sugar above \_\_\_\_\_ mg/dl.**

Symptoms of high blood sugar for this student: \_\_\_\_\_

Where are insulin and ketone testing supplies kept? \_\_\_\_\_

Allow free and unlimited use of bathroom. Encourage student to drink water or other sugar-free liquid.

**Follow health care provider’s orders.**

Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of high blood sugar episode.

If symptoms worsen or the student begins vomiting, call parent/ guardian and health care provider immediately

**Parent/Guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

***This information will be shared with appropriate school staff unless you state otherwise.***