Peterborough Victoria Northumberland and Clarington Catholic District School Board

STUDENT PLAN TO MANAGE DIABETES

Health Form #5

Name of Student:		School Year:
D.O.B.	Grade:	Classroom Teacher:
Staff Implementing Plan:		
Training was provided by:		

ROUTINE	MANAGEMENT
1. BLOOD SUGAR CHECKING ☐ Student can independently check blood sugar/read meter ☐ Student needs supervision to check blood sugar/read meter	After a discussion with parents, please check appropriate routine blood sugar checking times: Healthy blood sugar range: _____ Contact parent if blood sugar: _____
2. NUTRITION BREAKS	• Student must be able to eat on time. • Student must be able to eat all of the required food prepared by parent at each break. • Supervision may be required. • Communication with the parent if the child does not eat required food is important.
3. INSULIN ☐ Student can independently inject/ use pump ☐ Supervision is required	Insulin by injection/insulin pump to be administered at the following times: ☐ Before morning break: _____ ☐ Before Lunch: _____ ☐ Before Afternoon Break: _____ ☐ Other: _____ **NOTE: School Staff do not give injections.**
4. EXERCISE PLAN	Please indicate what the student must do prior to exercise to help prevent a low blood sugar (i.e., snack on granola bar, cheese, crackers): 1. Before exercise: _____ 2. During exercise: _____ 3. After exercise: _____ Student's blood testing meter kit and low kit (fast acting sugar/snacks) should always be on hand during exercise activities.
5. SUPPLIES TO BE KEPT AT SCHOOL (Responsibility of Parent)	☐ Fast acting sugar, carbohydrate snack for emergency (low kit) ☐ Blood glucose meter and test strips, lancets. ☐ Insulin pen, pen needles or syringe, insulin (in case of pump failure). ☐ Location of the above items: _____

This personal information is being collected, used and disclosed to school staff and volunteers in accordance with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Education Act, for the purpose of addressing the needs of the student with Type 1 Diabetes. I agree that the school may post my child's picture, take emergency measures and share this information as necessary with the school staff and health care providers. Copies to 1. Parents, 2. Staff Implementing Plan, 3. OSR

Date: _____ Parent's Signature: _____