

NEW PRAGUE AREA SCHOOLS
Health Services
Individual Health Plan
Diabetes-Type 1

Student: _____ Date: _____
School: _____
Grade: _____
Teacher: _____

Parent/guardian #1: _____ Parent/guardian #2: _____
Address: _____
Home #: _____ Home #: _____
Work #: _____ Work #: _____
Cell or Beeper #: _____ Cell or Beeper #: _____

Doctor/Health Care Provider(s):

T#: _____

Blood Glucose

Type of glucose meter: _____ . Personnel trained: _____
Target Range _____ mg/dl to _____ mg/dl.
Check daily at: _____ . Location: _____
____ When having symptoms of reaction.
____ Student tests independently.
____ Student tests under observation of Health Services Paraprofessional.
____ Student needs assistance with testing (specify): _____
____ Dr. order for procedure.
____ Meter is stored: _____

Insulin

____ Type: _____ Dose: _____
____ Daily at: _____ Site: _____
____ Dr. order for medication and procedure.
____ Student administers independently.
____ Student administers under the observation of Health Services Paraprofessional.
____ Student needs help with the injection/administration:
(specify) _____
____ Insulin is stored: _____

Meals and Snacks

Parents/guardians provide an ample supply of fast acting (fruit juices, glucose tablets, hard candies etc.) and complex (crackers, granola bars, trail mix) snacks.

___ Daily at: ___ Mid a.m. ___ Mid p.m. ___ Other: _____

___ Lunch time: _____

___ Snack before exercise? ___ yes ___ no Snack after exercise? ___ yes ___ no

___ Snacks are stored: _____

Preferred snack foods: _____

Foods preferred for school/class parties: _____

Special directions for class parties/food related activities: _____

Exercise and Sports

A snack such as, _____ is readily available in Health Services Office ext. _____.

Restrictions on activity: ___ none ___ yes, _____.

Do not exercise if blood glucose is below _____ mg/dl.

Transportation Directions

___ Student rides bus number _____.

___ Student walks to and from school.

- Call parent to pick up student if a low blood sugar episode occurs 30 minutes or less prior to departure regardless if sugar returns to normal reading.
- Student to eat snack on bus if having signs of reaction and able to swallow.
- Driver to call dispatcher for special directions.

Field Trip Directions

- Notify parent/guardian and Health Services no less than one week prior to field trip.

Emergency Care Plan

- Attached.

Reviewed and Acknowledged By:

Parent/Guardian

Date: _____

Health Services Director

Date: _____

Health Services Assistant

Date: _____

