

**JACKSON R-2 SCHOOL DISTRICT  
HEALTH SERVICES**

**DIABETES ACTION PLAN**

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Please note that it is vital to your child's health to maintain a routine eating schedule as well as eating a recommended diet. We ask that you make sure your child eats a good, balanced breakfast, lunch and snack if necessary, in order to keep hypoglycemic reactions to a minimum.

**Insulin:** Morning – type and amount: \_\_\_\_\_  
Noon – type and amount: \_\_\_\_\_  
Evening – type and amount: \_\_\_\_\_

**Physical Education:** class time or hour: \_\_\_\_\_ Snack before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signs of low blood sugar for my child include:**  
\_\_\_\_\_ hunger \_\_\_\_\_ irritability \_\_\_\_\_ sleepiness \_\_\_\_\_ shakiness  
\_\_\_\_\_ sweating \_\_\_\_\_ confusion \_\_\_\_\_ other \_\_\_\_\_

Is there a specific time for glucose monitoring? \_\_\_\_\_ Is student able to self monitor? \_\_\_\_\_  
If sugar is  $\leq$  \_\_\_\_\_ we will follow treatment plan below. If sugar is  $\geq$  \_\_\_\_\_ we will notify parent.

**Treatment:** \_\_\_\_\_ Life Savers \_\_\_\_\_ glucose tabs \_\_\_\_\_ juice \_\_\_\_\_ candy bar  
\_\_\_\_\_ sweetened soda \_\_\_\_\_ milk \_\_\_\_\_ crackers after initial treatment  
\_\_\_\_\_ other \_\_\_\_\_

**If severe:** \_\_\_\_\_ glucagon tablets or \_\_\_\_\_ glucagon injection (if available)

**If unconscious:** If measures taken to raise blood sugar level have not been successful, we will:

- 1) call 911
- 2) notify parent or emergency contact
- 3) notify physician of record

**Emergency items:**

_____ glucose tablets	_____ in nurse's office	_____ classroom	_____ bookbag
_____ glucagon pen	_____ in nurse's office	_____ classroom	_____ bookbag
_____ glucometer	_____ in nurse's office	_____ classroom	_____ bookbag
_____ insulin	_____ in nurse's office	_____ classroom	_____ bookbag
_____ syringes	_____ in nurse's office	_____ classroom	_____ bookbag
_____ snacks	_____ in nurse's office	_____ classroom	_____ bookbag
_____ other _____	_____ in nurse's office	_____ classroom	_____ bookbag

Are there any other instructions which you would like us to follow?  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

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

**Person completing form:** \_\_\_\_\_ **Parent** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**JACKSON R-2 SCHOOL DISTRICT  
DIABETES NEEDS ASSESSMENT**

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The physiological mechanism of diabetes is a decreased or absent insulin supply prohibiting the transfer of glucose to the cell. It is essential that the school nurse, administration and faculty be thoroughly inserviced about the disease, normal maintenance requirements, and emergency interventions. **Please answer the following questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment.**

Age of onset? \_\_\_\_\_ Type of diabetes diagnosed? \_\_\_\_\_ Juvenile, Type 1 \_\_\_\_\_ Adult Onset, Type 2

Is medication given by: \_\_\_pill \_\_\_injection \_\_\_insulin pump? Can student self-medicate? \_\_\_Yes \_\_\_No

Does the student know what the signs and symptoms of low blood sugar are? \_\_\_\_\_Yes \_\_\_\_\_No

What does the student do if low blood sugar occurs? \_\_\_\_\_

What does the student do if high blood sugar occurs? \_\_\_\_\_

Are there any physical/medical/age limitations that could affect compliance? \_\_\_\_\_

**Diet/Carbs:** Lunch time: \_\_\_\_\_ Snack time: \_\_\_\_\_

Will bring to nurse's office: \_\_\_\_\_ Preferred party treats: \_\_\_\_\_

**Monitoring:** Is glucose monitoring needed at school? \_\_\_yes \_\_\_no \_\_\_occasionally. Will your child require assistance with monitoring? \_\_\_yes \_\_\_no Time for glucose check: \_\_\_\_\_

The physician wishes control of blood sugar to be within the range of \_\_\_\_\_ to \_\_\_\_\_

**Support:** Do friends know about your child having diabetes? \_\_\_yes \_\_\_no Can they get help for your child when signs and symptoms of low blood sugar occur? \_\_\_\_\_Yes \_\_\_\_\_No

Please note that it is vital to your child's health to maintain a routine eating schedule as well as eating a recommended diet. We ask that you make sure your child eats a good, balanced breakfast in order to keep hypoglycemic reactions to a minimum.

In the event of an insulin reaction, the procedure routinely followed at school is to give a carbohydrate such as a carton of milk with crackers and peanut butter or ½ of a sweet soda or fruit juice. If the student is unconscious, and a glucagons pen has been provided, it will be used before calling 911.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
R.N. SIGNATURE

\_\_\_\_\_  
DATE