

**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 < \_\_\_\_\_ we will follow treatment plan below. If sugar is > \_\_\_\_\_ 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 in-serviced 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 1/2 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 \_\_\_\_\_