

Diabetes Care Plan

Effective Date: _____

Parent/Guardian Name: _____

Signature: _____
Diabetes Management
Team: _____

Signature: _____

School staff name: _____

Signature: _____

Student Photo

This plan should be completed by the student's parents/guardian in conjunction with the student's health team. It should be reviewed with relevant school staff and be easily accessible to staff.

To be updated at annually or more frequently as needed.

Student Name: _____

Date of Birth: _____ Date of Diagnosis: _____

Year Level: _____ Teacher: _____

Contact information

Mother/Guardian: _____

Address: _____

Home phone: _____ Work: _____ Mobile: _____

Father/Guardian: _____

Address: _____

Home phone: _____ Work: _____ Mobile: _____

Student's Doctor/ Health Team:

Name and

Position/Organisation: _____

Phone: _____

Name: _____

Phone: _____

Routine supervision for safety

School staff routinely support student's safe diabetes self-management by:

- Ensuring that supervising staff know of the student's diabetes and his or her routine and emergency support plans
- Enabling the student to eat at additional times if necessary, especially in relation to physical activity
- Enabling ready access to the toilet
- Ensuring supervision if unwell
- Ensuring privacy if testing for blood glucose levels/injecting of insulin is required at school
- Providing a written log, as requested, of any 'hypos' and the action taken while supervised by education/care staff.

Blood Glucose Testing

Target blood glucose level range: _____

The student needs to test his/her blood glucose levels at school routinely:

- Yes No

If Yes, testing times are:

- At recess At lunch
 Before exercise After exercise
 Before going home When the student feels hypo
 When the student feels hyperglycaemic
(high BGL)
 Other time _____

Read the following and mark the level of supervision required:

- The student is independent in attending their own blood glucose levels and requires no supervision
 The student is able to attend their own blood glucose testing but requires supervision
 The student needs assistance with their blood glucose testing
 The student is unable to attend their own blood glucose testing

Hypoglycaemia (Hypo)

The student's Emergency Health Plan should be followed.

Read the following and mark the level of supervision required:

- Generally the student is independent in managing hypos and requires no supervision
- The student is aware of the symptoms of hypos and understands correct treatment but needs supervision
- The student needs prompting to recognise hypos and needs supervision
- The student does not understand hypos and needs full supervision

Hyperglycaemia (High BGL)

The student's Emergency Health Plan should be followed.

Read the following and mark the level of supervision required:

- Generally the student is independent in managing high BGL's and requires no supervision
- The student is aware of the symptoms of high BGL's and understands correct treatment but needs supervision
- The student needs prompting to recognise high BGL's and needs supervision
- The student does not understand hyperglycaemia and needs full supervision

Hyperglycaemia Management

Exercise

Read the following and mark the level of supervision required:

- Generally the student is independent of diabetes management for exercise and requires no supervision
- The student is aware of correct diabetes management for exercise but needs supervision
- The student needs prompting to carry out correct diabetes management and exercise and needs supervision
- The student does not understand correct diabetes management for exercise and needs full supervision

Exercise Management

Water Sports

Read the following and mark the level of supervision required:

- Generally the student is independent in diabetes management for water sports and requires no supervision
- The student is aware of correct diabetes management for water sports but needs supervision
- The student needs prompting to carry out correct diabetes management for water sports and needs supervision
- The student does not understand correct diabetes management for water sports and needs full supervision

Water Sports Management

Insulin Injections

The student requires insulin injections at school: Yes No

If Yes, read the following and mark the level of supervision required:

- The student is independent in attending their own injections and requires no supervision
- The student is able to attend their own insulin injections but requires supervision
- The student needs assistance with giving their own insulin injections
- The student is unable to attend their own insulin injection

Insulin Pump

The student is on an insulin pump: Yes No

If Yes, read the following and mark the level of supervision required:

- The student is independent in the use of the Insulin Pump and requires no supervision
- The student is able to program the Insulin Pump but requires supervision
- The student needs assistance to program the Insulin Pump
- The student is unable to program the Insulin Pump

General Comments

I have read and understood the Emergency Health Plan and the Diabetes Care Plan for

Staff to Print Name	Signature	Designation	Date