

INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:	School Year:
Health Concern: DIABETES <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
Date of Birth:	Student ID:
Case Manager:	Ext:

Click Here to Add Picture

Blood Glucose Monitoring

Target blood glucose range _____ mg/dl to _____ mg/dl

Usual times to check blood glucose _____

Times to do extra blood glucose checks (check all that apply) before exercise after exercise
 when student exhibits symptoms of hyperglycemia when student exhibits symptoms of hypoglycemia
 other (explain) _____

Can student perform own blood glucose checks? Yes No Exceptions _____

Type of blood glucose meter student uses _____

Insulin

Times, types and dosages of insulin injections to be given during school:

Time	Type(s)	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can student . . .
give own injections? Yes No
determine correct amount of insulin? Yes No
draw correct dose of insulin? Yes No

For Students with Insulin Pumps

Type of pump _____

Insulin/carbohydrate ratio _____

Correction factor _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (i.e. ketosis, pump malfunction, etc.)? Yes No

Comments _____

Meals and Snacks Eaten at School (The carbohydrate content of the food is important in maintaining a stable blood glucose level)

Time	Food Content/Amount
Breakfast _____	_____
A.M. snack _____	_____
Lunch _____	_____
P.M. snack _____	_____

Snack before exercise? Yes No

Snack after exercise? Yes No

Other times to give snacks and content/amount _____

A source of glucose, such as _____ should be readily available at all times.

Preferred snack foods _____

Foods to avoid (if any) _____

Instructions for when food is provided to the class (i.e. class party or food sampling) _____

Exercise and Sports

A snack such as _____ should be available at the site of exercise or sports.

Restrictions on activity (if any) _____

Student should not exercise if blood glucose is below _____ mg/dl

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Location of Supplies

Blood glucose monitoring equipment _____
 Insulin administration supplies _____
 Glucagon emergency kit _____

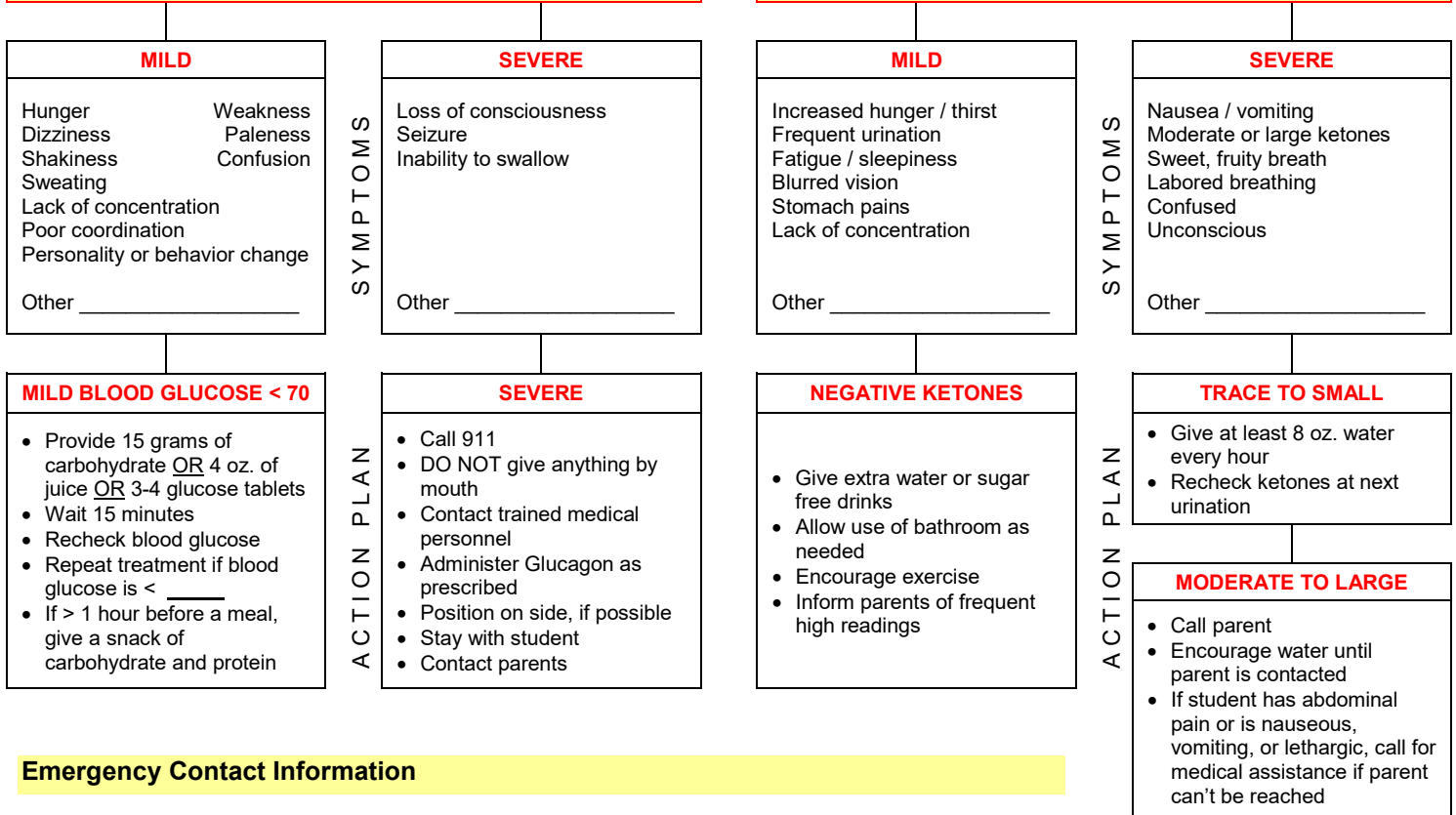
Ketone testing supplies _____
 Other _____

Hypoglycemia – Low Blood Sugar

Common Causes
 Too much insulin
 Missed or delayed food
 Too much or too intense exercise
 Unscheduled exercise

Hyperglycemia – High Blood Sugar

Common Causes
 Too little insulin
 Too much food
 Decreased activity
 Illness / infection or stress



Emergency Contact Information

Contact # 1 _____ Relationship _____
 Home _____ Cell _____ Work _____

Contact # 2 _____ Relationship _____
 Home _____ Cell _____ Work _____

Student's Doctor _____ Work _____
 Address _____ Fax _____

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature _____ Date _____ Administrator Signature _____ Date _____ Doctor Signature (required) _____ Date _____