

**DIABETES ACTION PLAN  
LAKE LOCAL SCHOOL DISTRICT**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Location of supplies: Blood glucose monitor \_\_\_\_\_ Insulin supplies \_\_\_\_\_  
Snack foods \_\_\_\_\_

**Blood Glucose Monitoring**

Contact parent if blood glucose is less than \_\_\_\_\_ or greater than \_\_\_\_\_.

Student can perform own blood glucose checks without supervision.  Yes  No

Times to check blood glucose (check all that apply):

- with symptoms of hypoglycemia – low blood sugar (shaky, sweaty, confused)
- with symptoms of hyperglycemia – high blood sugar (thirsty, frequent urination)
- before lunch, \_\_\_\_\_ (time)
- before/after exercise  other, please specify \_\_\_\_\_

Usual symptoms of low blood sugar \_\_\_\_\_

**\*\*EMERGENCY\*\* Low Blood Sugar – (Hypoglycemia) treatment** - (check all that apply):

- 2-4 glucose tablets
- 4 oz. of juice, \_\_\_\_\_ (type)
- glucose gel (using finger place between cheek and gum in mouth) ½ tube
- other, please specify \_\_\_\_\_

**\*\*It is parent's responsibility to provide the school with low blood sugar treatment snacks to have available at all times!**

Usual symptoms of high blood sugar \_\_\_\_\_

**High Blood Sugar – (Hyperglycemia) treatment** \_\_\_\_\_

**Insulin** - (check all that apply):

- Student not taking insulin at school
- Student takes insulin at school
  - SC Insulin
  - Insulin with snack
  - Humulin R
  - Insulin via insulin pump
  - Humalog
  - Other (type) \_\_\_\_\_
  - Insulin with lunch
  - Novolog
- Student may give own sc injections with supervision
- Student using an insulin pump and may give own boluses
- Give \_\_\_\_\_ units of Humalog/Novolog/Humulin R SQ if glucose is > \_\_\_\_\_.
- Give insulin according to current scale for elevated blood glucose; confirm dose with parent.
- Student may determine correct dose of insulin.
- School to administer insulin.

**Snacks** - (check all that apply):

Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ am      Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ pm  
Please allow a \_\_\_\_\_ gram snack prior to gym class      Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_

Instructions for when food is provided to the class, such as part of a class party or food sampling:

Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature (required)*

\_\_\_\_\_  
*Physician's Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician's Address*

\_\_\_\_\_  
*Physician's Phone Number*

I authorize school personnel to implement this management and emergency plan as described above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*