

Please complete the appropriate side of this form and fax to your diabetes Nurse Practitioner at 317-948-2760. It is required by law that your child has a diabetes management plan for school. We MUST receive this form in order to complete the diabetes management plan for the 2009-2010 school year.

DIABETES SCHOOL INFORMATION FOR STUDENT ON INJECTIONS

Date form completed _____ (required)

Student's Name _____ Birth date _____

Diabetes Physician _____

Name of Student's School _____ Date school starts _____

Phone Number of School (**Required**) _____ *Fax Number (**Required**) _____

Student's Level of Self-care:

- | | | | |
|--|---------------------------------------|--|--------------------------------------|
| Child can carry their diabetic supplies with them: | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Testing blood sugar | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Treating mild low blood sugars | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Drawing up insulin | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Giving insulin | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Monitoring snacks and meals | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |
| Checking ketones | <input type="checkbox"/> can do alone | <input type="checkbox"/> needs supervision | <input type="checkbox"/> Adult to do |

Snack(s) and Meal(s) your child will eat at school:

Does your child eat at school during the following times?			Amount of carbs	Time
Breakfast	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please fill in carbs and time _____	_____
A.M. Snack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please fill in carbs and time _____	_____
Lunch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please fill in carbs and time _____	_____
P.M. Snack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please fill in carbs and time _____	_____

Does your child require 7-8 grams of carbohydrates for every half hour of physical activity (i.e. P.E. or recess) regardless of blood sugar? Yes No

Does your child take insulin at school? Yes No **If you answered no, please STOP, you do not need to continue.**

If you answered yes, please complete below.

When does your child take insulin at school? breakfast lunch snack

Sliding Scale:

Novolog Humalog Apidra

Breakfast:

Lunch:

- _____ < 100
- _____ 100-150
- _____ 151-200
- _____ 201-250
- _____ 251-300
- _____ 301-350
- _____ 351-400
- _____ >400

- _____ < 100
- _____ 100-150
- _____ 151-200
- _____ 201-250
- _____ 251-300
- _____ 301-350
- _____ 351-400
- _____ >400

Insulin to Carb Ratios:

Novolog Humalog Apidra

Breakfast:

AM Snack

Lunch:

PM Snack:

Carbohydrate (food) dose is:

Carbohydrate (food) dose is:

Carbohydrate (food) dose is:

Carbohydrate (food) dose is:

1 unit per _____ grams of carb

1 unit per _____ grams of carb

1 unit per _____ grams of carb

1 unit per _____ grams of carb

Corrective dose is:

Corrective dose is:

Corrective dose is:

Corrective dose is:

(Blood Sugar - _____) ÷ _____

(Blood Sugar - _____) ÷ _____

(Blood Sugar - _____) ÷ _____

(Blood Sugar - _____) ÷ _____

Does your child take long acting insulin at school? Yes No

Long-acting Insulin: Lantus NPH

Levemir

If yes, when? breakfast lunch

What is the dose? _____