

I h e o t n o u t C u r i p l a c c b
 Diabetes Medical Management Plan (School Year ____ - ____)
 To Be Completed By Licensed Health Care Provider

et u' s i t m e : d D e f a o i t h : T y e r a T y e D e p t D o n i s p o g :
 N o n e : c H G a e : r d e o m o a r

CONTACT INFORMATION

en i e e l t h e c o u p : r a d a T e l e n o m e : p r
 O e t m e e n y g o t r c r c R e h n s t i o h i : T e l n p a :

SNACKS

Time	Food Content and amount	Time	Food Content and amount
M i M n o i g d r	B e f e e . / P y t i v i t A r c		
M f e n t n o A d r	f e . E . / A P y t i v i t A r c		

BLOOD GLUCOSE MONITORING AT SCHOOL: At school: Yes N To o m l i y e e f m e r d y s r e t u p r a : y e s b d N

H e t u s t h e n n e i d y e l t h e a f a c f l i a ? y e s n a T y e f a e t : p r

T m e i e o e f m e	B e f e e . / P y t i v i t A r c		
	M i M n o i e f e s o n d k r	f e . E . / A P y t i v i t A r c	
! p e w e p	B e f e o n l u h r c	M f e n t n o A d r	
	D s m s i s l i	s a n e e f a s o n s s y m g m s t a f l n o / o h i l p g d o s e g	d c t

I e t o e f m e c : l s s p a m o b d l n / e l r C R t h a o O c e t h a r
 OPTIONAL: T e n t e f l g d o s e g a r a d c b m / l g o H n l e e C y D e i e s t e p d t e e v i b

INSULIN INJECTIONS DURING SCHOOL: Yes N Student has been trained by Healthcare Professional Yes N

I f y e s n s e t u e e m t n e a i e d s t a o r ? y e s c n r c d o w u e o s t e o r ? y e s c n r a G i d e o w n i n j e c t i o n ? Yes N

I n s l i n i e y i v : y n e i v l g r e n r P m u f P i n u s e l u n s l p u i n p u p e n " i n f i c e m e p t l d t c P r a a

n t S l y n i s l i n u i s d t r i n o y e s a N a c o a

T y e : D s e o : p m e i e t o e n i v g : b C o r r e c t i o n d o s e o f i n s u l i n f o r h i g h b l o o d s u g a r ? Yes N c
 I f y e s , R e u o g o g r

Usual signs/symptoms for this student

n l e n e i g n l o y / i e h v i o r a
 l l o p r a
 W e k / k y h / e m t l s i o u r a a
 T e / w s y o / f e t i u r g d r d a
 D z y / e n v g k g r a a
 e e h d c a a
 R e e t t p d r a a b a
 N s e / s s d f o e e t i t a p p a
 l m m y / s w e n t i g a a
 B l e u s v i o r r d
 l n e n t t n i o n f o u i o c a
 l e u s S e e h r r d p c
 s s l o f o s o s i e s s c c
 e z e s r
 O e t h r

Indicate treatment choices

If student is awake and able to swallow -
 e i v m s f g t n t i r g o h e s t c a u s h a r :
 F o j u i e u i n o n e s i t o c o r d
 l s e g l e t s t o c r a b
 n e o n e t t e l e t i c s m o t i o g a
 z . o M i o r
 e o t h r
 -
 R e e s t l t d o s e g m n d s u t f e b t e m e n t t
 R e e e t m e n t n t u p t i d o s e g e a o v n d / l c l
 -
 F l l v o e t m e n t w t s i t h k r f o a c
 l f m e o n t h / r h n . i n l n e t i U m e t l r s r o k
 f o i n o i g t o g y t i v i e . E e y h r h c s o a

Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump (School Year _____-_____)

Name: _____ Date of Birth: _____ / _____ / _____
 Address: _____
 City/State/Zip: _____
 Insurance Carrier: _____
 Policy Number: _____
 Primary Care Physician: _____
 Endocrinologist: _____
 Diabetes Educator: _____
 Dietitian: _____
 Pharmacist: _____
 Other: _____

to Sinuim uy p l n pinpsgeun" slo nto "e eed rre p ydfmon f a ede apai t unstioc r e
Ds nineo n ti tgli tcilgo sen m uw rdtM a d p Solp it p
nutti Cugi g b
N fyoti en t pr a
I f m uw s em e oven, w EithM do Sold it p a

Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump (Continued)

ADDITIONAL TIMES TO CONTACT PARENT

enessS eo ness rrfsti asice dt a
De meh c a