

# IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

## Diabetes Management Plan

Date of Plan: \_\_\_\_\_

*This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessible by the school nurse, trained diabetes personnel, and other authorized personnel.*

Effective dates: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Physical Condition: \_\_\_\_\_ Diabetes Type 1 \_\_\_\_\_ type 2 \_\_\_\_\_

### Blood Glucose Monitoring

Where to check blood glucose:

Please circle where blood sugar is preferred to be checked:

Classroom, School Health Office, Other \_\_\_\_\_

Blood glucose range: \_\_\_\_\_  
(80-120; 90-120; other \_\_\_\_\_)

When to check blood glucose (circle all that apply):

- Before breakfast
- Mid-morning
- Before lunch
- After lunch
- Before snack
- Before PE
- After PE
- 2 hours after correction dose
- Before dismissal
- As needed for symptoms
- Other: \_\_\_\_\_

Additional comments/ needs:

\_\_\_\_\_  
\_\_\_\_\_

Healthcare Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_