

# Howards Grove School District Student Diabetes Health Action Plan

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Physician Treating Student's Diabetes: \_\_\_\_\_

## BLOOD GLUCOSE TESTS

Usual times to test blood glucose:

\_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_ AM \_\_\_\_\_ PM

Other times to do blood glucose tests?  Yes  No

Can child do their own blood glucose tests?  Yes  No

Type of blood glucose meter: \_\_\_\_\_

Blood glucose meter at school?  Yes  No

Where? \_\_\_\_\_

Target range for blood glucose: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

Notify parents of blood glucose below: \_\_\_\_\_ mg/dl above: \_\_\_\_\_ mg/dl

## INSULIN

Types of insulin taken: \_\_\_\_\_

Usual times of insulin injections:

\_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_ AM \_\_\_\_\_ PM

Amount of insulin injections: units \_\_\_\_\_

Can child give own injections?  Yes  No

Does insulin need to be given at school?  Yes  No

**Please Complete and Sign Reverse Side of This Action Plan**

**MEALS & SNACKS**

\_\_\_\_\_ AM / Breakfast Time  
\_\_\_\_\_ AM /Midmorning Snack  
\_\_\_\_\_ AM or PM / Lunch Time

\_\_\_\_\_ PM / Midafternoon Snack  
\_\_\_\_\_ PM / Dinner Time  
\_\_\_\_\_ PM / Bedtime Snack

Other times to give snacks: \_\_\_\_\_

Preferred snack foods: \_\_\_\_\_

Foods to avoid, if any: \_\_\_\_\_

Snacks to be taken at school?  Yes  No Time? \_\_\_\_\_ AM \_\_\_\_\_ PM

Snacks to be kept: \_\_\_\_\_

**EXERCISE & SPORTS**

Test blood glucose..... Before Exercise?  Yes  No / After Exercise?  Yes  No

Regularly scheduled activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restriction on activity, if any: \_\_\_\_\_

\_\_\_\_\_

Snack before exercise?  Yes  No Snack after exercise?  Yes  No

Child should not exercise if blood glucose is below: \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl

**HYPOGLYCEMIA**

Usual symptoms when having an episode of hypoglycemia (low blood glucose): \_\_\_\_\_

\_\_\_\_\_

Preferred foods to treat hypoglycemia: \_\_\_\_\_

Times hypoglycemia usually occurs: \_\_\_\_\_

Glucagon will be at schools:  Yes  No

Glucagon will be kept: \_\_\_\_\_

Parents to be notified of hypoglycemia episode?  Yes  No

Special instructions or plan of care: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_