



PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES Plan of Care STUDENT INFORMATION Student Name _____ Date Of Birth _____ Ontario Ed. # _____ Age _____ Student Photo (optional) Grade _____ Teacher(s)_____

EMERGENCY CONTACTS (LIST IN PRIORITY)					
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE		
1.					
2.					
3.					

TYPE 1 DIABETES SUPPORTS		
Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)		
Method of home-school communication:		
Any other medical condition or allergy?		

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT				
Student is able to manage their diabetes care independently and does not require any special care from the school. Tes Tes The No The If Yes, go directly to page five (5) — Emergency Procedures				
ROUTINE ACTION				
BLOOD GLUCOSE MONITORING	Target Blood Glucose Range			
☐ Student requires trained individual to check BG/ read meter.	Time(s) to check BG:			
☐ Student needs supervision to check BG/ read meter.	Contact Parent(s)/Guardian(s) if BG is:			
☐ Student can independently check BG/ read meter.	Parent(s)/Guardian(s) Responsibilities:			
☐ Student has continuous glucose monitor (CGM)	School Responsibilities:			
* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Student Responsibilities:			
NUTRITION BREAKS	Recommended time(s) for meals/snacks:			
☐ Student requires supervision during meal times to ensure completion.	Parent(s)/Guardian(s) Responsibilities:			
☐ Student can independently manage his/her food intake.	School Responsibilities:			
* Reasonable accommodation must be made to allow student to eat all of the provided meals	Student Responsibilities:			
and snacks on time. Students should not trade or share food/snacks with other	Special instructions for meal days/ special events:			
students.				

ROUTINE	ACTION (CONTINUED)		
INSULIN	Location of insulin:		
	Location of insulin:	☐ Morning Break: ☐ Afternoon Break: Sibilities: ☐ ent must do prior to physical activity	
	2. During activity: 3. After activity: Parent(s)/Guardian(s) Responsibilities: School Responsibilities: Student Responsibilities: For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)		

ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT	Kits will be available in different locations but will include:
Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.	 □ Blood Glucose meter, BG test strips, and lancets □ Insulin and insulin pen and supplies. □ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) □ Carbohydrate containing snacks □ Other (Please list)
	Location of Kit:
A student with special considerations may require more assistance than outlined in this plan.	Comments:

EMERGENCY PROCEDURES HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED Usual symptoms of Hypoglycemia for my child are: □ Shaky □ Irritable/Grouchy □ Dizzy □ Trembling □ Blurred Vision □ Headache □ Hungry □ Weak/Fatigue □ Pale □ Confused □ Other _______ Steps to take for Mild Hypoglycemia (student is responsive) 1. Check blood glucose, give _____grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles) 2. Re-check blood glucose in 15 minutes. 3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away. Steps for Severe Hypoglycemia (student is unresponsive) 1. Place the student on their side in the recovery position. 2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. 3. Contact parent(s)/guardian(s) or emergency contact HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE) Usual symptoms of hyperglycemia for my child are: ☐ Extreme Thirst ☐ Frequent Urination ☐ Headache ☐ Hungry ☐ Abdominal Pain ☐ Blurred Vis ☐ Warm, Flushed Skin ☐ Irritability ☐ Other: ____ Blurred Vision Other: Steps to take for Mild Hyperglycemia 1. Allow student free use of bathroom 2. Encourage student to drink water only 3. Inform the parent/guardian if BG is above ____ Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) ☐ Rapid, Shallow Breathing ☐ Vomiting ☐ Fruity Breath Steps to take for Severe Hyperglycemia 1. If possible, confirm hyperglycemia by testing blood glucose 2. Call parent(s)/guardian(s) or emergency contact

for which the authorization to administer applies, and possible side effects.

*This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS	S WITH WHOM	THIS PLAN OF	CARE IS TO BE SHARED
1	2		3
4Other individuals to be cont		g Plan Of Care:	6
Before-School Program	□Yes	□ No	
After-School Program	☐ Yes	□ No	
School Bus Driver/Route #	(If Applicable) _		
Other:			
reviewed on or before:			ol year without change and will be (It is the parent(s)/guardian(s) ange the plan of care during the school
Parent(s)/Guardian(s):	Signature		Date:
Student:	Signature		Date:
Principal:	Signature		Date: