

## MIDDLEBOROUGH PUBLIC SCHOOLS DIABETIC HEALTH CARE PLAN

Name:	Date:	Photo
Birth Date:		
School:	Grade:	
Teacher:		
<b><u>Diabetic Health Care Plan:</u></b>		
Date diagnosed:		
Explain:		

<b>Daily Snacks:</b>
Snack Times:
Student carries with them?    Yes    No
Location of snacks at School?

<b>Blood Sugar Test:</b>
Location: _____ Time: _____

<b>Insulin Injection:</b>	Has insulin injections at School?	Yes	No
Time:	Location:		
Student carries supplies?	Yes	No	
Location at School?			
Insulin Pump?	Yes	No	

Other Health Plan items, ie. gym days, BS check before bus, ketone check:
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Daily Time Schedule: (include snack times, recess, lunch, injection times, etc. during school day)
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Other illness or disability:	Social / emotional factors:
Other Medications (not listed on HCP):	

Allergies:	
Medications:	Dose / Time:
Dietary concerns / restrictions:	

Parent Signature:*	Date:
M.D. Signature:	Date:
*Signature required	

<b>Contact Information</b>		
Parent / Guardian:	Home Phone:	
1.	Work:	Cell:
2.	Work:	Cell:

Home Address:	
Emergency Contact:	Phone:
Primary Care Physician:	Phone:
Endocrinologist:	Phone:
Affiliated Hospital:	Phone:

Contingency Plan when unable to contact parent in Emergency (i.e., order to call above numbers)			
Disaster kit:	At School?	Yes	No
School Nurse:	Phone:		