



Diocese of Columbus

Form 19: Medical Plan—Diabetes

Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

The school will use the following health support strategies:

TRAINING

- At least four staff members will be trained annually, prior to the first day of school/within 14 days after receipt of an order signed by the student's diabetes physician of record, to facilitate the administration of diabetic care in accordance with the student's Diabetes Medication Administration Record (DMAR).
- The school nurse or certified diabetes trained educator will provide annual training, prior to the first day of school/within 14 days after receipt of an order signed by the student's diabetes physician of record, to all teachers for the recognition of high/low blood glucose levels, when emergency medical assistance is required and a list of all Diabetic Trained Personnel in the school. Teachers will also receive the corresponding emergency action plan.
- At least one Diabetes Trained Personnel (DTP) will be at the school during school hours, in addition to attending school sponsored field trips and/or activities.

DIRECT DIABETIC CARE

- Blood glucose monitoring will be done according to the physician's written orders on the Diabetes Medication Administration Record.
- Diabetic care will be provided in the nurse's office, or in another nearby location, if an ill child is present in the nurse's office.
- Diabetic care required at lunch time will be administered, without reasonable delay, while allowing for an extended lunch if needed.
- If the student rides the public school bus, diabetic care will also be administered at the end of the school day, prior to the student boarding the bus.
- All teachers instructing the student will have a supply of appropriate juice boxes (supplied by parents) to properly execute the emergency action plan.
- Substitute teachers will be provided with written instructions regarding the student's diabetic care and a list of all Diabetes Trained Personnel at the school.
- The student will have access to water and restroom facilities without restrictions.
- The school will not penalize the student for being absent or tardy due to diabetes related medical appointments, or because the student needs diabetic care.
- If the student rides the public school bus, the school will provide the bus driver with a copy of the student's Diabetes Medication Administration Record regarding the student's diabetic care and/or a copy of the student's Diabetes Health Support Plan.



Diocese of Columbus

Form 19: Medical Plan—Diabetes (continued)

Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

The school will use the following health support strategies (continued):

SNACKS/TREATS

- The school will notify the student's parents in advance, whenever possible, when a snack/treat will be distributed to students.
- When advanced notice is not received by the school regarding a snack/treat, the student will have the option of having a snack/treat from those previously supplied by his/her parents.

CLASSROOM TESTING ACCOMODATIONS

- If the student is affected by high or low blood glucose levels at the time of testing, the student will be permitted to take the test at another time without penalty.
- The student will be given extended time to finish a test/activity if breaks are necessary in order to manage his/her diabetic care.
- The student will be given instructions for lessons, assignments and/or homework discussed while managing his/her diabetic care or attending diabetes related medical appointments.

THE PARENT/GUARDIAN WILL:

- Provide the school with an annual Diabetes Medication Administration Record completed by the student's diabetes physician of record, delineating the parameters of and including parental consent, for the administration of the prescribed diabetic care by any of the Diabetes Trained Personnel at the school.
- Supply any other diabetic care instructions and ensure that the school staff has the most current directives/information from the student's diabetes physician of record.
- Supply juice boxes and snacks needed instead of/in addition to the snacks provided to all students.
- Provide carbohydrate content information for food brought from home.

THE STUDENT WILL:

- Come to the nurse's office daily, right before lunch, for the administration of diabetic care.
- If a public school bus rider, come to the nurse's office daily at the end of the school day for the administration of diabetic care, prior to boarding the bus.



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This Diabetes Health Support Plan can be modified based on medical need AND written orders from the student’s diabetes physician of record. Related parties will discuss and have the option to sign-off on the proposed modifications.

Staff responsible for implementing this plan (signatures required):

Administrator: _____ Date: _____

Diabetic Trained Personnel: _____ Date: _____

Diabetic Trained Personnel: _____ Date: _____

Diabetic Trained Personnel: _____ Date: _____

Diabetic Trained Personnel: _____ Date: _____

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Diabetic Trained Personnel: _____ Date: _____

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I have had the opportunity to participate in the development of my child's support plan:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Diabetes Medication Administration Record

Received by the school: YES NO

Administrator: _____ Date: _____

Nurse: _____ Date: _____

Parent/Guardian Signature: _____ **Date:** _____

Contact Number: (cell / work/ home) () _____

Contact Number: (cell / work/ home) () _____

Parent/Guardian Signature: _____ **Date:** _____

Contact Number: (cell / work/ home) () _____

Contact Number: (cell / work/ home) () _____