



Student _____ Date of Birth _____ Grade _____ Teachers _____

Parent/Legal Guardian _____ Best phone number _____

Type: I _____ Insulin pen _____ Pump _____ Type II _____ Oral medication, list: _____ at home _____ at school _____

Insulin/Medication: Needs supervision Student can perform by him/herself
Blood glucose monitoring: Needs supervision Student can perform by him/herself
Time to check glucose: Mid-morning Before lunch Before PE Before getting on afternoon bus
Signs/symptoms of hypo/hyperglycemia Before exercise during school hours
Meals bought at school: Breakfast Lunch
Supplies: With student In nurse's office Other, list: _____
Medical Alert: Necklace Bracelet Shoe tag None

Note: Some students have healthcare orders in a different format. Please verify orders. This is an emergency guide only.

Table with 3 columns: Low Blood Sugar, High Blood Sugar, Exercise/Increased Physical Activity. Includes signs, do this steps, and do not leave student alone instructions.

Table with 4 columns: Carbohydrate Counting, Sliding Scale Coverage, Type of Insulin, Insulin Pump. Includes meal instructions, target ranges, and calculation formulas.

Healthcare Provider Signature _____ Print _____ Date _____

Address _____ Phone _____ Fax _____

Parent/Legal Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

File original in Individual Health Record. Copies to appropriate staff and Emergency Action Plan Notebook.