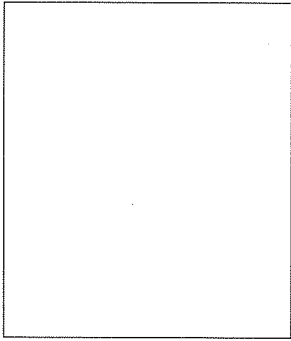


Date: _____



Current Photo of Child

THE ROEPER SCHOOL
Emergency Health Plan for a Child with Diabetes

To ensure a healthy school year for your child, please complete this form and let the office know of any changes during the year. Copies will be kept in the office and classroom.

Student's Name: _____ **Date of Birth:** _____

Teachers: _____ **Homeroom ext.:** _____

Emergency Contact: _____ **Primary phone:** _____

Relationship: _____ **Alt. Phone:** _____

Notify parent in the following situations: _____

2nd Emergency Contact: _____ **Primary phone:** _____

Relationship: _____ **Alt. Phone:** _____

Doctor: _____ **Phone:** _____

Dispensing Medication:

Name of Medication: _____

Is a completed a "Request to Dispense Medication," signed by the doctor on file in the office?
(A new form must be filled out for each school year.) Yes No

Time/circumstances in which to dispense medication: _____

Should staff member be aware of any specific symptoms? _____

Amount of medication to be dispensed: _____

Administering Tests:

Time(s) to test blood glucose: _____ **Target range:** ____ mg/dl to ____ mg/dl

Can student perform own blood glucose test? Yes No **Supervised?** Yes No

Is the student aware of when test is to be administered? Yes No

What levels trigger a urine test? _____ **What is an acceptable urine test?** _____

Can student perform own urine test? Yes No **Supervised?** Yes No

Where are tests to be administered? _____

Snacks:

The following approved snacks are provided by the parent: _____

Where are snacks located? _____

Time, type and amount of daily snack: _____

What other times should a snack be given? _____

Should any foods be avoided? _____

What signs/behaviors would indicate high blood sugar? _____

At that time what action should be taken? _____

Are there any restrictions on activity? No Yes _____

What signs/behaviors would indicate low blood sugar? _____

At that time what action should be taken? _____

Have you provided two Glucagons (1 in the homeroom, 1 in the Domes office) for use if the student is unconscious, having a seizure or unable to swallow? Yes No

911 will be called prior to administration of Glucagon and parent will be notified. After injection student will be placed on his/her side and monitored until EMS arrives. Is there any additional action that should be taken? _____

Does your child have any other health issues you would like us to know about? _____

Signature of Parent or Guardian

Date