



Saint James  
Elementary School

30 Peters Place  
Red Bank, NJ 07701

# Diabetes Action Plan

**Note:** Fill out this action plan with the help of your doctor, and bring it with you every time you go to the doctor or hospital so that your health-care providers are all working from the same information.

## PART 1: STUDENT INFORMATION

Student Information		
Name:	DOB:	Grade:
Address:		
Father/Guardian:	Phone (home):	Phone (work):
Mother/Guardian:	Phone (home):	Phone (work):
Other Emergency Contacts		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Physician or Case Manager:		Phone:
Endocrinologist or Other Specialist:		Phone:
Optometrist or Ophthalmologist:		Phone:
Podiatrist:		Phone:
Pharmacy Name:		Phone:
Hospital:	Transport: <input type="checkbox"/> Parent <input type="checkbox"/> Ambulance <input type="checkbox"/> Other	

## PART 2: GENERAL CARE

If you're feeling well and your blood glucose is within target range, continue your usual routine. Keep notes in your diabetes diary.

If you feel fine but your blood sugar reading is a little higher or lower than the target range, write it down in your diabetes diary and repeat the test an hour later.

Daily Medicines	Medicine	Amount (dose)	When to take
Include all medicines you take, even over-the-counter ones like aspirin and your insulin shots, too (if you take any).			

## General Health Targets

Blood Glucose Target:      to

Blood Pressure Target::      /

# Diabetes Action Plan

(Continued..)

Emergency items to be left at school:       Glucose tablets       Blood glucose meter  
 Snacks       Insulin  
 Syringes       \_\_\_\_\_  
 \_\_\_\_\_

In the event of an insulin reaction, the procedure routinely followed at school is to give some form of sugar such as 1/2 carton of milk followed with crackers and peanut butter, 1/2 cup fruit juice or 1/2 cup non diet soda. If the student is unconscious, "911" is called.

I approve the above health care action plan as written. Yes \_\_\_\_\_ No \_\_\_\_\_

Please make the following changes to the health care action plan:

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List other additional information or significant special health concerns of this student:

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I give permission for emergency blood glucose testing by the school nurse using equipment I have provided. I understand that when the school nurse is not available for emergency blood glucose testing, the parent/guardian will be notified or "911" will be called. Yes \_\_\_\_\_ No \_\_\_\_\_

Additional directions regarding blood glucose testing:

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Reviewed and signed:

\_\_\_\_\_  
Parent/guardian      Date

\_\_\_\_\_  
Student      Date

\_\_\_\_\_  
Physician      Date

To be reviewed

\_\_\_\_\_  
Date