Parents: Please fill out this form. It will be kept with your child's record.

DIABETES CARE GUIDE FOR:____

(Name of child)

Phone numbers of parents:

Mom's Name:________________________________(H)________________(W)______________

Dad's Name:________________________________(H)________________(W)______________

Other emergency contact:

Name:______________________________________ Phone Number:_________________________

Doctor/health care provider:

Name:______________________________________ Phone Number:_________________________

Target range for blood glucose:____________________mg/dl to:____________________mg/dl

Notify parents on the following situations:____

____

____

INSULIN

Types of insulin taken:____

Usual times of insulin injections:____

Can child give own injections? Yes:_________ No:_________

BLOOD GLUCOSE TESTS

Usual times to test blood glucose:_____________________ _______________________

_____________________ _______________________

Times to do extra tests: Before exercise:________________ After exercise:_______________

Other times to do blood glucose tests:____

Can child do own blood glucose tests? Yes:_______ No:_______

Type of blood glucose meter:____

-OVER-

MEALS AND SNACKS

Foods to avoid, if any:____

____

Breakfast time ____________ a.m.

Midmorning snack? ____________ a.m.

Lunch time ____________ a.m./p.m.

Midafternooon snack ____________ p.m.

Dinner time ____________ p.m.

Bedtime snack ____________ p.m.

Snack before exercise? Yes: _______ No: _______

Snack after exercise? Yes: _______ No: _______

Other times to give snacks: ____

Preferred snack foods: ____

EXERCISE AND SPORTS

Regularly scheduled activities: ____

Restrictions on activity, if any: ____

*Child should not exercise if blood glucose is below: ______________mg/dl or above: _____________mg/dl

HYPOGLYCEMIA

Usual symptoms when having an episode of hypoglycemia (low blood glucose): _________________________

____

Preferred foods to treat hypoglycemia: ____

Designated school staff member for administering glucagon: __________________________

IN THE SCHOOL

Where are diabetes care supplies kept? ____

Where are supplies of snack foods kept? ____