



## DIABETIC - INSULIN DEPENDENT

### 504 PLAN

Student Name	DOB
School	Grade
School Year	<input checked="" type="checkbox"/> Section 504 Advisor

#### DIABETES INFORMATION

Dates of recent hospitalizations	
Age of onset:	Date and Results of last A1C test:
Purpose: To promote student self management of diabetes, recognize signs of high and low blood sugar and provide appropriate assistance and/or emergency care.	
Never send a student with low or high blood sugar anywhere alone.	
Student implements universal precautions when lancing finger and disposing of lancets/syringes.	

#### SCHOOL INTERVENTION PLAN - CLASSROOM ACCOMODATIONS/MODIFICATIONS

Daily Diabetes Routine	<input type="checkbox"/> Daily snacks at school - Time <input type="checkbox"/> Blood Sugar Monitoring Times <input checked="" type="checkbox"/> Insulin Injection/Bolus: Lunch and as needed <input type="checkbox"/> PE Days and Times <input checked="" type="checkbox"/> Notify Parent/Guardian of shortened school day
In the event of field trips, all diabetic supplies are taken and care is provided:	<input type="checkbox"/> By accompanying parent/guardian or parent-designated adult <input type="checkbox"/> According to procedure developed prior to field trip <input type="checkbox"/> According to low/high blood sugar school plan <input checked="" type="checkbox"/> Notify Parent/Guardian prior to planned field trip
In the event of classroom or school parties, food treats will be handled as follows:	<input type="checkbox"/> Student will eat treat <input type="checkbox"/> Replace with parent supplied alternative <input type="checkbox"/> Schedule extra insulin per prearranged plan.
Scheduled after school activities:	<input type="checkbox"/> None <input type="checkbox"/> List: <input type="checkbox"/> Low/High blood sugar after school plan <input type="checkbox"/> Supervisor with instruction <input type="checkbox"/> Parent/Guardian or Parent-designated adult
Blood Sugar Monitoring	<input type="checkbox"/> Student Monitors Independently <input type="checkbox"/> Student Monitors with verification of number on meter by designated staff <input type="checkbox"/> Student needs help with monitoring and/or to be done by school nurse <input type="checkbox"/> Monitoring needs to be done by nurse or designated staff
Insulin Injection/Bolus	<input type="checkbox"/> Administers Independently <input type="checkbox"/> Student self injects/bolus' with verification of number on insulin pen/pump by designated staff <input type="checkbox"/> Student self injects/bolus' with school nurse supervision and/or administration by school nurse <input type="checkbox"/> Administration by school nurse
Student self treats mild hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student monitors own snacks and meals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring and interpreting Ketones	<input type="checkbox"/> Student Monitors/Interprets ketones independently <input type="checkbox"/> Student needs help monitoring/interpreting ketones after two consecutive over

Equipment and Supplies provided by Parent or Guardian	<input checked="" type="checkbox"/> Blood Sugar Meter Kit - includes all blood glucose monitoring supplies <input type="checkbox"/> Juice or equivalent substitute <input type="checkbox"/> Glucose Tablets <input type="checkbox"/> Glucose Gel or Gel "Cake Mate" <input type="checkbox"/> Prepackaged snacks such as cheese/crackers or peanut butter/crackers etc. <input type="checkbox"/> Protein Og snack such as cheese or meat sticks <input type="checkbox"/> Classroom supplies to include juice and snacks <input checked="" type="checkbox"/> Glucagon <input checked="" type="checkbox"/> Extra Insulin <input checked="" type="checkbox"/> Pen needles or syringes <input type="checkbox"/> Pump site supplies and tubing <input checked="" type="checkbox"/> Ketone strips <input checked="" type="checkbox"/> Extra lancets, meter strips and batteries for meter and/or pump
School Bus Instruction	<input type="checkbox"/> Student does not ride the bus <input checked="" type="checkbox"/> Student may not ride the school bus if they have a low blood sugar. Call parent/guardian if this occurs. <input checked="" type="checkbox"/> Student may eat snack or have juice on the bus as part of the care plan if having signs of a low blood sugar.

Parent/Guardian Information	
Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone
504 CONSENT	
<input type="checkbox"/> I ACCEPT this accommodation plan. I am aware that there will be an annual review of plan. I have received a copy of <i>Section 504 Parent/Student Rights In Identification, Evaluation and Placement.</i>	
<input type="checkbox"/> I DO NOT ACCEPT this accommodation plan. I am aware that there will be an annual review of plan. I have received a copy of <i>Section 504 Parent/Student Rights In Identification, Evaluation and Placement.</i>	

SIGNATURES		
Parent/Guardian	<input type="checkbox"/> Signature on File	Date
School Nurse	<input type="checkbox"/> Signature on File	Date
504 Coordinator	<input type="checkbox"/> Signature on File	Date
Teacher	<input type="checkbox"/> Signature on File	Date
<b>Date of next plan review</b> Must be reviewed before the next school year unless there is a change requiring earlier revision.		