



**Insert Student
Photo Here**

Diabetes Individual Health Plan (IHP)

Date Plan Effective:

Parent to Complete

Name:		Date of Birth:	
School / Grade:		Room / Teacher:	
Parent / Guardian:			
Mother's phone	Home:	Work:	Cell:
Father's phone	Home:	Work:	Cell:
Health Care Provider:		Phone:	Fax:
Brief history of diagnosis:			
Recent hospitalizations:			
Concurrent illness or disability:			

Signs and Symptoms of abnormal Blood sugars

Mental	Irritable, Anxious, Inappropriate, Dizzy, Headache, Sleepy, Fainting, Unconscious
Mouth	Dry--thirsty
Skin	Sweating, shaking
Gut	Hunger, stomach ache, nausea, vomiting
Eyes	Blurred Vision
Heart	Rapid heart rate

**Severity of symptoms can change quickly, and rapidly progress to a life-threatening situation!
NEVER SEND STUDENT WITH ANY SYMPTOMS ANYWHERE ALONE**

Health Care Provider to Complete

Treatment at School, unless otherwise indicated by Health Care Provider:

Low Blood Sugar: less than _____ conscious	Low Blood Sugar: unconscious
<ul style="list-style-type: none"> Give ½ cup juice, regular pop or 2-3 glucose tabs Wait 10 minutes Recheck blood sugar If still less than _____ give more sugar Recheck blood sugar When blood sugar _____ or more, give peanut butter crackers or cheese & crackers Return student to class. 	<ul style="list-style-type: none"> Give instant glucose (Place gel between cheek & lower gum) Turn student on side Call 911 Call parent Stay with student Other: _____
High Blood Sugar: more than _____.	
<ul style="list-style-type: none"> Give insulin per HCP orders: Call parent: Other: 	

(go to back of page)

Level of Independence: (check all that apply)

- Totally independent
 - Self-treats mild hypoglycemia
 - Monitors own snacks and meals
 - Tests and interprets own ketones
- Needs assistance with diabetic care (see below)

Blood sugar testing: (check all that apply)

- Student tests independently
- Parent or PDA assists student
- Student test with verification of number on meter by designated staff
- Student test with verification of number on meter by designated staff to be reviewed by school nurse
- Other _____

Time: _____ Location: _____ Procedure: _____

Insulin administration: (check all that apply)

- Parent or PDA assists student
- Student self injects with verification of number on insulin pen by designated staff
- Student is on an insulin pump with specialized orders as indicated on HCP & on file in health office.
- Other _____

Time: _____ Location: _____ Procedure: _____

Equipment and supplies provided by parent:

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Fast acting carbohydrate drink
- Glucose tablets and glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.) Storage location: _____

Disaster plan supplies include:

- Food supply for 3 days
- Low blood sugar supplies
- Medication and medical supplies
- Unique plans to include: _____

Daily school routines:

- Lunch time: _____ (regardless of schedule changes, field trips, disaster)
- Recess times (Elementary only): AM _____ Lunchtime _____ PM _____
- PE days – Elementary (Please circle): M T W Th F Time: _____
Limitations: _____
- PE - Secondary: All year 1st Semester 2nd Semester, Time: _____
- Limitations: _____

Classroom Information/Accommodations:

- Unlimited access to drinking water
- Unrestricted bathroom privileges
- Send child to office with staff/buddy if possible low blood sugar
- Blood sugar testing as needed Time: _____
- Regularly scheduled snacks, if applicable: AM _____ PM _____
- Re-take tests as needed for blood sugar imbalances
- Other _____

Extra snacks/ parties (check all that apply):

- Child will eat treat
- Teacher/staff will notify parent prior to activity
- Treat will be replaced with parent-supplied alternative
- Modify the treat as follows: _____
- Schedule extra insulin per pre-arranged plan
- Other: _____

Students who ride the bus (check all that apply):

If a low blood sugar episode occurs 30 minutes or less prior to departure regardless if sugar returns to a normal reading, **the designated staff or School Nurse (if in the building) will:**

- Call parent to inform of episode
- Allow child to ride the bus home if blood sugar returns to normal
- Call parent to pick up child
- Other: _____

Students who drive to school (high school only)

If a low blood sugar episode occurs 30 minutes or less prior to departure **student will**

- Self treat mild hypoglycemia and drive home
- Call parent to inform of episode
- Call parent to pick up student if blood sugar does not return to normal.
- Other: _____

School bus driver instructions:

- Student to eat snack of bus if having signs of low blood sugar and able to swallow
- Driver to follow district plans for low blood sugar

Field Trips (all diabetes supplies are taken and care provided):

- Totally Independent
- Parent accompanies child on trip
- PDA accompanies child on trip
- Care according to high/low blood sugar school emergency plans

Scheduled after-school/extra-curricular activities (i.e. sports, school clubs):

- Totally Independent
- List activities: _____
- Notification of IHP details to staff in charge
- Parent accompanies child on above activities
- PDA accompanies child on above activities
- Other: _____

Disaster Planning:

Transport of emergency supplies will be handled per district/building plan

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature