

Individualized Healthcare Plan
For Management of Diabetes at School (Continued)
 Completed With Parent and Pupil

Pupil	DOB	School	Grade
Equipment and supplies	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><u>Provided By Parent</u></p> <p><u>Daily Snacks</u> (for AM/PM snack times) Specify: _____</p> <p><u>Extra Snacks</u> (for before, after, and/or during exercise) Specify: _____</p> <p><u>Blood Glucose Meter Kit</u> (Includes meter, testing strips, lancing device with lancet, cotton balls, spot Band-Aids)</p> <p>Brand/Model: _____</p> <p><u>Low Blood Glucose Supplies</u>, (5 day supply)</p> <p><input type="checkbox"/> Fast Acting Carbohydrate Drinks: (Apple juice and/or orange juice, sugared soda pop-NOT diet), at least 6 containers.</p> <p><input type="checkbox"/> Glucose Tablets, 1 package or more.</p> <p><input type="checkbox"/> Glucose Gel Products (Insta-Glucose, Monogel or Glutose/25--31 Gms.), 2 or more.</p> <p><input type="checkbox"/> Gel Cakemate (not frosting), (19 Gm., mini-purse size), 2 or more.</p> <p>Note: Not used in Emergency Procedure For Severe Low Blood Sugar.</p> <p><input type="checkbox"/> Prepackaged Snacks (such as crackers with cheese or peanut butter, nite bite, etc.), 5 - 6 servings or more.</p> <p><u>High Blood Glucose Supplies</u></p> <p><input type="checkbox"/> Ketone Test Strips/Bottle</p> <p><input type="checkbox"/> Urine cup</p> <p><input type="checkbox"/> Water bottle</p> <p>Note: Timing device may be wall clock or watch worn by pupil or personnel.</p> </div> <div style="width: 48%;"> <p><u>Provided By Parent (Continued)</u></p> <p><u>Insulin Supplies</u></p> <p><input type="checkbox"/> Insulin pen</p> <p><input type="checkbox"/> Pre-filled syringes (labeled per dose)</p> <p><input type="checkbox"/> Insulin and syringes</p> <p><input type="checkbox"/> Extra pump supplies such as:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Vial of insulin, syringes</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pump syringe</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pump tubing/needle</p> <p style="margin-left: 20px;"><input type="checkbox"/> Batteries</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tape</p> <p style="margin-left: 20px;"><input type="checkbox"/> Sof-Serter</p> <p>Insulin supplies stored: _____</p> <p><u>Emergency Supplies</u></p> <p><input type="checkbox"/> Glucagon kit stored: _____</p> <p><input type="checkbox"/> 3 day disaster food supply stored: _____</p> <p><u>3 Day Disaster Diabetes Supplies</u></p> <p><input type="checkbox"/> Vial of insulin; 6 syringes</p> <p><input type="checkbox"/> Insulin pen with cartridge and needles</p> <p><input type="checkbox"/> Blood glucose testing kit (testing strips lancing device with lancets)</p> <p><input type="checkbox"/> Glucose gel product and glucose tablets</p> <p><input type="checkbox"/> Glucagon kit</p> <p><input type="checkbox"/> Food supply (include daily meal plan) stored as follows: _____</p> <p><input type="checkbox"/> Ketone strips/plastic cup</p> <p>School will include a copy of the ISHP for Diabetes Management with the Disaster Supplies. Stored as follows: _____</p> <p><u>Other Supplies</u>, Specify: _____</p> </div> </div>		