



# Plan of Care for Diabetes

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

AYS Program: \_\_\_\_\_ School Year: \_\_\_\_\_

Please list the name and phone number of the physician your child sees for diabetes:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Physician's Phone Number

Does your child take medications for their treatment of diabetes?  YES\*  NO

If your child participated in an outside activity or field trip would they be required to take any medications with them:  YES\*  NO

(\*If you answered yes to either of the above questions please list the medications your child takes below)

Name of Medication (s)	Dosage	Time(s) of day given

Would any of the above medication(s) need to be given during normal program hours?  YES  NO

Would any of the above medication(s) need to be given during extended program hours?  YES  NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff?  YES  NO

In order to better assist your child please provide the below information:

My child's target blood glucose range is: \_\_\_\_\_ before breakfast      \_\_\_\_\_ before lunch  
 \_\_\_\_\_ after school      \_\_\_\_\_ before dinner      \_\_\_\_\_ before bedtime

My child is to eat an after-school snack  YES  NO

I will provide AYS with an afternoon snack for my child  YES  NO

I give my approval to have my child eat whatever AYS serves for the afternoon snack  YES  NO

Exercise/Sport Activity:

My child may participate in after-school sports  YES  NO

Exercise should be delayed if blood sugar is lower than \_\_\_\_\_ OR higher than \_\_\_\_\_.

My child carries \_\_\_\_\_ for treatment of low blood sugar. A snack of \_\_\_\_\_  
 \_\_\_\_\_ should be provided if my child's blood sugar is lower than \_\_\_\_\_.

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- My child will inject their own insulin at AYS  YES  NO
- My child will self-prepare and inject insulin at AYS  YES  NO
- My child needs assistance with injection of insulin at AYS  YES  NO
- My child will use a glucometer at AYS  YES  NO
- My child will need assistance using his/her glucometer  YES  NO

**High blood sugar (*hyperglycemia*)**

How often does high blood sugar occur for your child? \_\_\_\_\_

When is the usual time of day hyperglycemia occurs? \_\_\_\_\_

The symptoms my child has experienced with hyperglycemia are: (Check all that apply)

- Increased thirst
- Increased urination
- Nausea and vomiting
- Listlessness
- Weakness
- Sweet odor to breath
- Slow, deep, noisy breathing
- Delirium
- Others \_\_\_\_\_

If my child's blood sugar is above \_\_\_\_\_, his/her treatment is: \_\_\_\_\_

The usual procedure at AYS for a child with diabetes and high blood sugar is: Obtain glucometer reading and follow parental instructions for treatment. If glucometer is not available, assess for last insulin intake, food intake, or illness. If the child is unconscious, monitor airway, breathing, circulation and seek Emergency Medical Services. Notify parent/guardian. If your child requires additional procedures you must notify AYS in writing of the recommended procedures.

**Low blood sugar (*hypoglycemia*)**

How often does a low blood sugar reaction occur for your child? \_\_\_\_\_

When is the usual time of day hypoglycemia occurs? \_\_\_\_\_

The symptoms my child has experienced when having hypoglycemia are: (Check all that apply)

- Hunger
- Headache
- Jitteriness
- Disorientation
- Irritability
- Inattention
- Sweating
- Anxiety
- Rapid pulse
- Drowsiness
- Slurred speech
- Seizure
- Others \_\_\_\_\_

If my child's blood sugar is below \_\_\_\_\_, his/her treatment is : \_\_\_\_\_

The usual procedure at AYS for a child with diabetes and low blood sugar is: Obtain glucometer reading and follow parental instructions for treatment. If glucometer is not available, treat as low blood sugar and give a sugar source ex. 4 oz of juice or pop, 6 lifesavers, 2-3 glucose tablets. If unconscious, do not give anything by mouth, but call for Emergency Medical Services. Check for resolution of symptoms and increase in blood sugar. If child is not improving, seek Emergency Medical Services. Notify parent/guardian. If your child requires additional procedures you must notify AYS in writing of the recommended procedures.

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

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Date

\_\_\_\_\_  
Date