

## Diabetes Health History Form

Date Initiated: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Assessment / Daily Management

Baseline Information: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_ Hearing \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Date Diagnosed with Diabetes: \_\_\_\_\_ Last Hospitalization: \_\_\_\_\_

Has Glucagon ever been administered? \_\_\_\_\_ If yes, what was the reaction: \_\_\_\_\_

### Diabetes Medication

Type of Insulin / Oral Med	Dosage	Time to be Given	Reaction Signs/Symptoms
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

 Is the medication:      Transported Daily                       Stored at School

Test(s) performed at school: \_\_\_\_\_ Time(s): \_\_\_\_\_

Equipment needed: \_\_\_\_\_

**Physical Education / Exercise Activities Scheduled:**      AM                       PM

PE Modification: \_\_\_\_\_

**Food Intake Times:** Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ AM Snack: \_\_\_\_\_ PM Snack: \_\_\_\_\_

Brings own food: \_\_\_\_\_ Storage: \_\_\_\_\_ Selects in Cafeteria: \_\_\_\_\_

Needs Assistance: \_\_\_\_\_ Type of Assistance Needed: \_\_\_\_\_

### EMERGENCY INSTRUCTIONS:

If parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician / Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

 Hospital Preferred: \_\_\_\_\_ Via:    Parent     Ambulance     Other \_\_\_\_\_

Other Instructions: \_\_\_\_\_

**Other Health Concerns:** \_\_\_\_\_

**Additional Medication(s):** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Health Services Diabetes Emergency Plan

In an emergency:

- 1) Stay with the child
- 2) Call / ask someone to call school nurse who will assess child and summon EMS if needed.

<b>If you see this:</b>	<b>Do this:</b>
<b>Based on this child's current condition, a medical emergency for this child is:</b>	
<b>IF student is unconscious or not responsive</b> (Unable to treat self or is lethargic or stuporous)	<ul style="list-style-type: none"> <li>▪ <b>CALL 911</b>...Call Parents</li> <li>▪ <b>DO NOT GIVE FLUIDS OR FOOD</b></li> <li>▪ Turn student to side</li> </ul>
<b>IF student is non-responsive</b>	<ul style="list-style-type: none"> <li>▪ Squirt _____ inside cheek closest to ground.</li> <li>▪ _____ is kept in _____.</li> <li>▪ Measure Blood Sugar with monitor (to be done by school nurse).</li> </ul>
<b>IF student is responsive</b>	<ul style="list-style-type: none"> <li>▪ Hypoglycemic Reaction: IF Blood Sugar reading is _____ or below, then give _____.</li> <li>▪ Hyperglycemia Reaction: Keep student walking or sitting and drinking water.</li> <li>▪ If Blood Sugar is &gt;300 mg/dl, student or school nurse should check urine for Ketones.</li> </ul>

<b>IMPORTANT EMERGENCY NUMBERS:</b>	