

Berrien Springs Public Schools

DIABETES PLAN OF ACTION

Name:			Picture of student
Regular HCP <input type="checkbox"/>	504 HCP <input type="checkbox"/>	Date:	
School:	Grade:		
Student I.D Number:	Birth Date:		
** Attach "HCP Orders for Students with Diabetes " **			

Health Action Plan:						
Daily Snacks: Snack Times: Student carries with them? Yes _____ No _____ Location of snacks at school?						
Blood sugar test: Time: Location:						
Insulin injection: Has insulin injections at school? Yes _____ No _____ Student carries supplies? Yes ___ No ___ Location at school?						
Other Plan items: 						
Daily Time Schedule: (include snack times, recess, lunch, insulin injection times, etc. in school day) 						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Concurrent illness or disability:</td> <td style="width: 50%;">Social/emotional factors:</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Concurrent illness or disability:	Social/emotional factors:				
Concurrent illness or disability:	Social/emotional factors:					
Concurrent Medications: (not mentioned on HCP Orders)						
Allergies:						
Dietary concerns/restrictions:						
Contact Information:						

<u>Parent/Guardians:</u>		<u>Home phone:</u>	
1. _____		Work: _____	Cell: _____
2. _____		Work: _____	Cell: _____
Address:		<u>Teacher:</u>	
<u>Emergency contact:</u>		<u>Phone:</u>	
<u>Primary Care Physician:</u>		<u>Phone:</u>	
<u>Specialty MD:</u>		<u>Phone:</u>	
Contingency Plan when unable to contact parent in Emergency: (ie: order to call above numbers)			
Disaster Kit: At School? ___Yes ___No Location:			
<u>School Nurse:</u>		<u>Phone:</u>	
<u>Parent Signature</u>		<u>Date:</u>	
<u>M.D. Signature</u> (or med. Authorization form)		<u>Date:</u>	

Copies:

- Parent
- Teacher
- PE
- Library
- Music
- Recess
- Transportation
- Health Care Plan Book Master
- Clinic