



### Information for Parents of Students Diagnosed with Diabetes

All students diagnosed with diabetes are required to have the following forms on file:

- Guerin Catholic High School Diabetic Plan** filled out and signed by the parent/guardian.
  
- A Diabetic Medical Management Plan for School that includes your student's level of self-care** (obtained from your physician's office with a physician's signature). Riley and Peyton Manning have their own order sets. If you use a different system, please let us know and we can provide you with additional forms if needed.

For your student's safety these diabetic management supplies should be kept in the clinic. It is the parent's responsibility to provide the following:

- glucometer with extra batteries
- test strips and control solution
- ketone strips
- A lancet device with replacement lancets
- Insulin pen or insulin and syringes
- preferred snacks/low treatment (at least 1 fast acting)
- Baqsimi or glucagon emergency kit

If on a pump

- infusions set replacements
- extra pump batteries
- any other pump supplies you may need (tape, adhesive remover etc)

#### **Medical Tags**

Medical bag tags are available in our office upon request. We highly recommend them if your student participates in sports or other extracurriculars.

★ Indiana requires these types of plans to ensure student safety. Failure to submit a plan puts your student at risk. If you are struggling with finances or need assistance in finding medical care, please contact us. Please feel free to reach out with any questions or concerns.

**Mary Harris RN, BSN, Nancy Scott RN, BSN, Deedy Labus RN, BSN**

**Franciscan Health School Nurses**

(317) 582-0120 Ext.111 FAX 317-219-0615

[nurse@guerincatholic.org](mailto:nurse@guerincatholic.org)

**Guerin Catholic High School: Diabetic Plan Page 1**

Nurse Fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

Student Name \_\_\_\_\_ Age of Diagnosis \_\_\_\_\_

Has your student been hospitalized or seen in the ER for diabetes since diagnosis? **Y/N** Year this occurred \_\_\_\_\_

Approximately How many school days did your child miss last year due to diabetes? \_\_\_\_\_

Has your student ever had to use rescue baqsimi/glucagon? **Y/N** Approximately how many times? \_\_\_\_\_

Insulin Delivery System? (pump/syringes/pen) \_\_\_\_\_ Type of Insulin Used \_\_\_\_\_

Type of pump used \_\_\_\_\_ Most Frequent High Symptoms \_\_\_\_\_

Most Frequent Low Symptoms \_\_\_\_\_

Please Check if your student **NEEDS assistance or supervision** with the following:

- Glucose checks
- Counting carbohydrates
- Calculating insulin doses
- Drawing up insulin and administering via syringe, or entering data into the pump for administration

For Pumps

- calibrating, giving boluses, changing the basal rate
- Removing/ Disconnecting pump
- Changing site or reconnecting at the infusion site
- preparing the reservoir and tubing
- inserting the infusion set
- Troubleshooting alarms and malfunctions

Has your student felt comfortable sharing their diagnosis with friends? **Y/N** Is your student a daily bus rider? **Y/N**

Please list anything else you would like us to know about your child's diabetic care and current level of acceptance with their diagnosis and treatment plan. Please list any concerns you have for the upcoming year.

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**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guerin Catholic High School: Diabetic Plan Page 2**

Nurse Fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

**Emergency Contact Name & phone 1** \_\_\_\_\_

**Emergency Contact Name & phone 2** \_\_\_\_\_

I give permission for the school nurse and any pertinent staff caring for my child to follow the Diabetic Medical Management Plan from my provider, administer medication and care and contact the provider if necessary. I permit this form and the medical management plan to be shared with school staff in instances where necessary to promote safety for my child. I assume full responsibility for providing the school with unexpired medications and supplies and delivering these to the nurse. If I fail to provide medication and supplies, I understand that there will not be rescue medication available for my child and I assume this risk.

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

**Contingency/ Sports and Extracurricular Plan for Students with Diabetes**

A Franciscan Health nurse is present in the building during school hours. The nurse or a trained designee will oversee student safety during school hours and on school sponsored retreats and trips that occur during school hours. If a building nurse is ever NOT available (to date this has never occurred) please indicate your preference of plan:

\_\_\_\_ Parent will be notified if a nurse is absent and a trained non-medical staff will be available to assist student

\_\_\_\_ No parent notification is necessary, my student can self manage (physician orders must correlate)

\_\_\_\_ Parent will be notified and parent will assist with care of student by phone/text

\_\_\_\_ I would like to develop an additional plan in conjunction with the nurse

In order to plan for your student's care *outside* of school hours when a school nurse is not available, please choose one of the following options:

Option 1: If checked, I as the parent guardian/of the student named on page 1, will be responsible for informing any adult/coach/athletic trainer that is responsible for my child at an extracurricular activity. I will inform the adult in writing and instruct them as needed in the care of my child during the sport/ extracurricular activity.

Option 2: If checked, I as the parent/guardian of the student named on page 1 will be responsible for informing the school nurse, by completing the extracurricular activity information form (available on the parent resource page) when my child is participating in extracurricular activities, sports, etc. When this option is checked, the school nurse will send a copy of the Extracurricular Activity form, health plan and any additional pertinent information to the adult listed as being in charge of the activity. Any additional instruction required will be the responsibility of the parent/guardian.

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Nurse Signature**

\_\_\_\_\_  
**Date**