

Student Name:		School:		Grade:	
Program/Field Trip:					
Start Date:		End Date:		Days of Week:	
Hours:					

NOTE: see the student's *Alaska Individualized Healthcare Plan (IHP) for Diabetes* for care during normal school hours. Follow the algorithms for blood glucose results. Below is additional or supporting information needed for this program or field trip.

Monitor Blood Glucose as identified on the IHP. In addition, test... Before dinner After dinner Before bedtime Other _____

Insulin Dosing					
Type of insulin (circle): <input type="checkbox"/> rapid acting (Humalog/Novalog/Apidra) <input type="checkbox"/> regular or <input type="checkbox"/> Other:					
Insulin Delivery System (circle one)		Pen	Vial/Syringe	Pump	Brand _____ Serial Number _____ Change site every ___ days
Continuous Glucose Monitor? Brand _____			Last pump site change _____ Next site change due _____		
Last site change _____		Next site change due _____		Temporary Basal Decrease: ___% or ___units for ___minutes or <input type="checkbox"/> duration of exercise	
Breakfast Dose:	Lunch Dose:	Dinner Dose:	Bedtime Dose:	Long acting insulin: _____	
Insulin/Carb ratio:	Insulin/Carb ratio:	Insulin/Carb ratio:	Insulin/Carb ratio:	_____ units given at _____	
_____	_____	_____	_____	Snacks:	
Correction scale:	Correction scale:	Correction scale:	Correction scale:	Given at _____	
_____	_____	_____	_____		

Additional considerations or restrictions:

Healthcare provider signature: _____ **Date:** _____

SCHOOL SECTION

Staff Training	Parental delegation of insulin/glucagon requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorization form completed?
IF YES:	Staff Name	Date Trained	Trained by:
IF NO:			
emergency action training completed			

Parent Signature _____ **Date** _____ **School Nurse Signature** _____ **Date** _____

LOG	Breakfast			Initials	Lunch			Initials	Dinner			Initials	Bedtime			Initials	Other/Remarks
	Blood Glucose	Carbs	Insulin Dose		Blood Glucose	Carbs	Insulin Dose		Blood Glucose	Carbs	Insulin Dose		Blood Glucose	Carbs	Insulin Dose		
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Staff Name	Signature	Initials

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