Diabetes Medical Management Plan (School Year ____ - ____)
To Be Completed By Licensed Health Care Provider

CONTACT INFORMATION

SNACKS Time Food Content and amount Time Food Content and amount

BLOOD GLUCOSE MONITORING AT SCHOOL: At school:

OPTIONAL:

INSULIN INJECTIONS DURING SCHOOL: Student has been trained by Healthcare Professional

Give own injection?

Correction dose of insulin for high blood sugar?

Usual signs/symptoms for this student

Indicate treatment choices
If student is awake and able to swallow

Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump (School Year _____-_____)

Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump (Continued)

ADDITIONAL TIMES TO CONTACT PARENT