



**HEALTH OFFICE**  
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Dear Parents:

**Re: School Diabetes Action Plan:**

We understand that your child \_\_\_\_\_ has diabetes.

This condition can be serious and may require emergency treatment while at school. It is important that the school has up-to-date information about the management of your child's diabetic condition.

Complete the attached School Diabetes Action Plan (in consultation with your child's medical practitioner). The school reserves the right to call an ambulance if your child's condition is unstable.

Please help us to responsibly care for your child while at school by completing, signing, and returning this Diabetes Action Plan as soon as possible.

Thank you for your cooperation in this matter.

Yours sincerely,

The AAS Medical Staff



**DIABETES MEDICAL MANAGEMENT PLAN**

*This form must be renewed each school year or with change in treatment plan.*

**STUDENT'S NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Condition:**  Type 1 Diabetes  Type 2 Diabetes **Date of Diagnosis:** \_\_\_\_\_

The Effective Date of this Plan is from: \_\_\_\_\_ until the end of the school year.

**Medications Taken at Home**

<i>Insulin Medication</i>	<i>Oral Medication</i>
<p><b>Pre-Breakfast</b> _____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>	<p>_____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>
<p><b>Pre-Bedtime</b> _____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>	<p>_____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>
<p><b>Other</b> _____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>	<p>_____</p> <p style="text-align: center;"><i>Medication                  Amount                  Time</i></p>

**Snacks Ordered for School**

<i>Snack</i>	<i>Time</i>	<i>Food Content/Amount</i>
Mid-Morning Snack	_____	_____
Mid-Afternoon Snack	_____	_____
Other times to give snacks	_____	_____
Snack before exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Snack after exercise <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred snack foods: _____		
Foods to avoid, if any: _____		
Instructions when food is provided to the class (e.g., class parties): _____		

**Exercise and Sports**

*Liquid and solid carbohydrate source must be available before, during and after exercise.*

**Exercise (Check and/or complete all that apply):**

- No exercise if most recent blood glucose is less than 70 \_\_\_\_\_
- Eat \_\_\_\_\_ grams of carbohydrates before vigorous exercise
- No exercise when blood glucose is greater than \_\_\_\_\_ or ketones are present
- Following treatment for hypoglycemia, no P.E. participation until blood sugar is at least above 80 and a carbohydrate and protein snack has been given.**

**Field Trips:**

Juice, snacks, and/or Glucagon **MUST** be available to student on all field trips or bus trips in case student requires treatment of hypoglycemia. The chaperone should know of any student with diabetes in their care, in the event of an emergency.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Numbers:** \_\_\_\_\_

**Mother:**                  *Home phone*                  *Work phone*                  *Cell phone*

**Father:**                  *Home phone*                  *Work phone*                  *Cell phone*

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_