

School Year
20__ - 20__

Tri-County Community Council, Inc. Head Start

Page 1 of 2
Page to be completed
with input by
Parent/Guardian
Please Print

DIABETES ACTION PLAN

Child Information

Center: _____

Name of Child: _____
Date of Birth: _____ Child's Age: _____ Classroom Teacher: _____

Emergency Information

Parent(s') or Guardian(s') Names: _____
Mother's Telephone (H): _____ Father's Telephone (H): _____
Pager: _____ Pager: _____
Telephone (W): _____ Telephone (W): _____
Primary Care Physician: _____ Telephone: _____

In the event a parent/guardian cannot be reached:
1. _____ Relation: _____ Telephone: _____
2. _____ Relation: _____ Telephone: _____

Preferred Local Emergency Department: _____

My child has the following other chronic illnesses/disabilities: _____

Allergies: _____

Child's Limitations or Special Considerations: _____

Dietary and activity/exercise routines and schedules are as important as medications in the management of blood sugar (BG) in children with diabetes.

DAILY MANAGEMENT/SCHEDULE

	AM	Mid-morning	Lunch	Mid-afternoon	Home
Blood Glucose Measurement Schedule					
Insulin Injection (Time/Dosage/Type)					
Carbohydrate grams Or describe					

ALL OTHER MEDICATIONS

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day

Diabetes can have extremes of high and low blood sugar. Please check box of the symptoms that occur in your child.

Is your child able to recognize symptoms of high and low blood sugar? Yes No

Signs and symptoms of Low Blood Sugar:

Shakiness, nervousness Speech difficulty Headache Mood changes; irritability, crying, confusion
 Nausea Fatigue Dizziness Blurred vision Unusual paleness; moist, clammy skin; cold sweat
Other: _____

Signs and symptoms of High Blood Sugar:

Frequent thirst Frequent urination Mood changes; irritability, crying, confusion, inappropriate responses
 Nausea Fatigue
Other: _____

I understand that it is my responsibility to keep this information current. Please notify the Center Coordinator and provide an updated/current form on at least an annual basis.

Parent/Guardian's Signature: _____ Date: _____