

MADISON COUNTY SCHOOLS ATHLETIC AND/OR EXTRACURRICULAR ACTIVITY MANAGEMENT PLAN FOR STUDENTS WITH DIABETES

Section 1 – Parent (Please Print):

Student Name: _____ DOB: _____ Teacher/Gr.: _____

Known Allergies/Triggers: _____ Wt. _____

Medications Taken at Home: _____

Transportation to and From School: A.M. _____ P.M. _____

Emergency Contact: _____
Name Cell # Home # Work #

Emergency Contact: _____
Name Cell # Home # Work #

Physician: _____ Phone #: _____

Preferred Hospital in case of Emergency: _____

Do you have any Religious Objections to medical Treatment: Yes No

If yes, describe _____

Section II – Physician:

**BLOOD
GLUCOSE
MONITORING**

1. **Blood glucose target range for participation in team practices/games or other extracurricular activity is:** _____ mg/dl to _____ mg/dl
2. Check blood glucose: (check all that apply)
 ----- Before beginning practice/game or activity
 ___ Before meals/snacks ___ Before boarding bus to game or event
 ___ Whenever experiencing symptoms of hypo- or hyperglycemia
 ___ Other (please describe): _____
3. Student will complete blood glucose monitoring: (check one)
 ___ Independently ___ Independently with adult supervision ___ With assistance from adult
4. Glucometer will be kept: (check one)
 ___ On student's person ___ With coach/sponsor

INSULIN

1. Insulin is routinely administered via: ___ Injection ___ Insulin pump
 Pump type: _____
2. Short-acting insulin: _____ Long-acting insulin taken at home: _____
 Dosage: _____ Time given: _____
3. Insulin dose with meals based upon carbohydrate (CHO) counting? ___ Yes* ___ No
 - a. *If so, CHO:Insulin ratio is: _____ units insulin per _____ gms of CHO
 - Correction formula: Blood glucose - _____/_____
 - **Is Correction formula to be used to correct an elevated blood sugar if not at a mealtime and is >2 hours from last insulin dose?** ___ Yes ___ No
 - b. If dosage **not** based upon CHO counting, order for meal coverage is:
 Breakfast: _____ units Lunch: _____ units Dinner _____ units
 Sliding scale ordered is:
 Add _____ unit(s) for each _____ mg/dl if blood glucose > _____ mg/dl.
4. Student administers insulin: (check one)
 ___ Independently ___ Independently with adult supervision ___ With assistance from adult

