Boone County Schools
School Health Services Department

Diabetic Health Care Plan

Plan Date: _____

Student Name: _____ **Date of Birth:** _____ **Grade:** ____

Insulin is delivered through ☐ pump ☐ injections

☐ Humalog ☐ Novalog ☐ Glulisine ☐ Other_____

Ratios		Correction	Testing times
Breakfast	1 unit/ _____	**Target BG:** _____	€ Before meals
Lunch	1 unit/ _____	1 unit for every_____ above target BG	€ 1 hour after eating
Snack	1 unit/ _____	**Ketone Correction**	€ Before physical activity
		1 unit for every_____ above target BG	€ After physical activity
For SEVERE hypoglycemia, unconsciousness or seizure: Administer _____mg Glucagon intramuscularly.			€ With symptoms

Does student need help calculating carbohydrate coverage? ☐ NO ☐ YES

Does student need help calculating corrections? ☐ NO ☐ YES

Does student need assistance with injections? ☐ NO ☐ YES

Does student need to check for ketones? ☐ NO ☐ YES, when _____

Does student have restrictions in physical activity? ☐ NO ☐ YES, when_____

Hypoglycemic (low blood sugar) Reactions		Hyperglycemic (high blood sugar) Reactions	
€ Mood changes	€ Dizziness	€ Mood changes	€ Thirstiness
€ Irritability/ anger	€ Blurred vision	€ Irritability/ anger	€ Blurred vision
€ Crying	€ Headache	€ Crying	€ Headache
€ Confusion	€ Shakiness	€ Confusion	€ Shakiness
€ Inappropriate responses	€ Drowsiness	€ Inappropriate responses	€ Hyperactive
€ Loss of conscious	€ Numbness	€ Vomiting	€ Frequent urination

Other notes: _____

Parent/ Guardian may change coverage ratios as needed (under physician's guidance): ☐ NO ☐ YES

This student: ☐ is self-care ☐ may self-carry insulin ☐ may self-carry Glucagon ☐ supervision only ☐ dependent for diabetic care needs

Physician Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date: _____

NOTE: Parents are responsible for providing all supplies, including snacks. All medications must be in original containers with prescription label affixed, with student's name. No medication will be sent home unless self- carry permissions have been granted.

Unlicensed School Professional: Boone County Board of Education has adopted a procedure in which a trained staff member may administer: an injection, prescribed medication or other emergency care in the event of a crisis. The above signed understands that the staff member administering the above care may not be a licensed healthcare professional, but that this staff member will undertake to do their best to comply with the procedure as developed by the student's physician in the case of an emergency where in immediate intervention is required.

FOR SCHOOL NURSE USE ONLY	
Potential Complications € Hypoglycemia € Hyperglycemia € Assigned standard reaction response € Individualized care plan	Reviewed on: _____ Delegated or assigned caregivers, names and trained date: _____ _____ Nurse Signature: _____

Revised: Nov. 2018 SLW

Boone County Schools
Student Services Division
School Health Services Department
Transportation/Student Health Concerns

Photo

School Year: _____

Student Name: _____

Address: _____

Bus Number: _____ **School:** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

Health Concern of student: _____

Medication/supplies which will be with student during bus transportation:

_____

Is student responsible for medication administration? Yes ☐ No ☐

Comments: _____

Emergency care to be given to student by bus driver: _____

_____

Parent / guardian signature: _____

Daytime phone number: _____

Date: _____

This completed form must be returned to your child's school office in order for transportation to be notified.

School nurse is to scan completed form to Transportation: cynthia.buttery@boone.kyschools.us

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Boone County Schools
School Health Services Department
Medication Administration Consent Form

Prescribed medications (including herbal and dietary supplements) and over the counter medications shall be given according to the instructions below. All prescription medication MUST be in the original pharmacy container, labeled with student name, prescribing healthcare provider, strength and dose of medication and directions for use, including a time(s) for dosing. Over the counter medications MUST be in their original containers. No more than one week's supply of prescription medication may be received at school; for a field trip, only the amount of medication required for the event will be accepted. Please refer to Boone County Schools medication policy and procedures for more detailed information. This consent is only valid for the current school year.

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Allergies: _____

****Please advise the school nurse immediately of any changes in medication or dosing.****

Medication 1: _____ Diagnosis/ Condition: _____

Dose (mg/ml): _____ Route: _____ Administration time(s): _____

Possible side effects: _____

***For Epinephrine, Diastat, Glucagon or an inhaler; student has received training, is capable and:**

Physician's initial in appropriate box	
☐ may SELF-CARRY	☐ may SELF-ADMINISTER

Medication 2: _____ Diagnosis/ Condition: _____

Dose (mg/ml): _____ Route: _____ Administration time(s): _____

Possible side effects: _____

***For Epinephrine, Diastat, Glucagon or an inhaler; student has received training, is capable and:**

Physician's initial in appropriate box	
☐ may SELF-CARRY	☐ may SELF-ADMINISTER

Specific to field trips: In the case of field trips or school-related functions, slight adaptations to medication administration times may be necessary. Unless otherwise indicated, student may self-administer medication with school-trained personnel while on a field trip.

I request trained Boone County School employees to administer or supervise the administration of this medication in accordance with Boone County Schools' Medication Administration Guidelines and the above instructions. I release Boone County School District and any of its employees (hereinafter the "District") from any liability or harm which is suffered by the student (named above) as a result of this request. I further agree to indemnify and hold the District harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District whenever the District has acted in accordance with the information provided by my child's physician.

Trained Unlicensed School Personnel: The Boone County Board of Education has adopted a procedure in which a staff member, from the school the child is attending, will administer either an injection, prescribed medication or other emergency procedure in the event of a crisis. The undersigned understands that the staff member administrating the above care may not be a licensed healthcare professional, but that this staff member will undertake to do his or her best to comply with the procedure as developed by the student's physician in the case of a life threatening emergency where in immediate intervention is required.

Parent/ Guardian signature: _____ **Date:** _____

Physician signature: _____ **Date:** _____

Physician name: _____ **Phone number:** _____

Staff administering medication are trained annually by a registered nurse.

Revised: Nov. 2018 SLW