



# Safe at School

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SCHOOL YEAR:

(Add student photo here.)

STUDENT LAST NAME:

FIRST NAME:

DOB:

Student Recognition of Highs/Lows 2 4

PARENTS/GUARDIANS: Please complete pages 1 and 2 of this form and approve the final plan on page 6

### 1. DEMOGRAPHIC INFORMATION – PARENT/GUARDIAN TO COMPLETE

Date Diagnosed:

School Name:

Home Room:

School Point of Contact:

Contact Phone #:

STUDENT'S SCHEDULE Arrival Time:

Dismissal Time:

Travels to school by:

Meals Times:

Physical Activity:

Travels to:

### 2. NECESSARY SUPPLIES / DISASTER PLANNING / EXTENDED FIELD TRIPS

Name of Health Care Provider/Clinic:

Contact #:



STUDENT LAST NAME:

FIRST NAME:

DOB:

### INSULIN DOSES AT SCHOOL - HEALTHCARE PROVIDER TO COMPLETE

**Insulin Administered Via:**

Corvis  Insulin Pen (Wheeled Jette)  H&K Jette  Insulin Pump (Specify Brand & Model: \_\_\_\_\_)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

i-Port  Smart Pen  
 Other

Insulin Pump is using Automated Insulin Delivery (automatic dosing) using an FDA-approved device  
 Insulin Pump is using DIY Looping Technology (child/parent manages device)

STUDENT LAST NAME:

FIRST NAME:

DOB:

**6A. DOSING TABLE** — HEALTHCARE PROVIDER TO COMPLETE. SINGLE PAGE UPDATE ADDED FORM

**Insulin:** (administered for food and/or correction)

**Rapid Acting Insulin:**  Humalog/Admelog (Lispro), Novolog (Aspart), Apidra (Glulisine)  Other:

**Ultra Rapid Acting Insulin:**  Fiasp (Aspart)  Lyumjev (Lispro-aabc)  Other:

**Other insulin:**  Humulin R  Novolin R

**Meal & Times**

**Food Dose**

**Glucose Correction Dose**

Use Formula  See Sliding Scale 6B

PE/Activity Day Dose

Select if dosing is

**Carbohydrate Ratio:**

Total Grams of Carbohydrate

**Fixed**

**Formula:** (Pre-Meal Glucose Reading minus Target

Glucose) divided by **Correction Factor** = Correction Dose

**Adjust:**

**Carbohydrate Dose**

**Total Dose**

**6B. CORRECTION SLIDING SCALE**

Meals and Snacks  Every \_\_\_\_\_ hours as needed

\_\_\_\_\_ to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units

\_\_\_\_\_ to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units

\_\_\_\_\_ to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units to \_\_\_\_\_ mg/dL = \_\_\_\_\_ units

**6C. LONG ACTING INSULIN**

Subcutaneously

**6D. OTHER MEDICATIONS**

Signature is required here if sending ONLY this one-page dosing update.

**Diabetes Provider Signature:**

**Date:**

**Name of Health Care Provider/Clinic:**

**Contact #:**

**Fax #:**



STUDENT LAST NAME:

FIRST NAME:

DOB:

## 9. HIGH GLUCOSE MANAGEMENT (HYPERGLYCEMIA)

Management of High Glucose over \_\_\_\_\_ mg/dL (Default is 300 mg/dL OR 250 mg/dl if on an insulin pump).

1. Provide and encourage consumption of water or sugar-free fluids. Give 4-8 ounces of water every 30 minutes. May consume fluids in \_\_\_\_\_

2. Check for Ketones (before giving insulin correction)

a. If Trace or Small Urine Ketones (0.1 – 0.5 mmol/L if measured in blood)