

Diabetes care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DIABETES SPECIALIST and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

Routine supervision for safety

Staff members routinely support safe diabetes self-management in the following ways:

- Ensure supervising staff know of the person's diabetes and his or her routine and emergency support plans
- Encourage, in consultation with the child/student/client, a supportive buddy system with peers
- Enable the person to eat at additional times, especially in relation to physical activity
- Enable ready access to the toilet
- Ensure supervision if unwell
- Ensure privacy if testing for blood glucose levels/injecting of insulin is required at the service
- Provide a written log, as requested, of any 'hypos' and the action taken while supervised by education/care staff.

Individual routine support needs

Is this child/student/client usually able to self-manage his or her diabetes care? Yes No

If no, please detail assistance requested from staff to support safety and developing self-management.

If staff or the child/student/client is concerned, emergency contact(s) will be informed.

A health professional may be nominated by the family to be an emergency contact person as relevant.

Please nominate emergency contact and any different/additional steps in relation to this person's management.

Diabetes care plan (cont)

Treatment

Will any visiting/consulting nurses be supporting this person? **Yes** **No**
(If yes, please provide details)

Additional information attached to this care plan

- General information about this person's condition*
- Additional individual care information*
- Other (please specify)*

This plan has been developed for the following services/settings: *

<input type="checkbox"/> School/education	<input type="checkbox"/> Outings/camps/holidays/aquatics
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input type="checkbox"/> Respite/accommodation	<input type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other <i>(please specify)</i>

AUTHORISATION AND RELEASE

Diabetes specialist _____ Professional role _____
Address _____

Telephone _____
Signature _____ Date _____

*I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.*

Parent/guardian
or adult student/client _____ Signature _____ Date _____
Family name (please print) First name (please print)