

# Diabetes care plan

for schools, preschools and childcare services

## CONFIDENTIAL

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

Name of child/student.....Date of birth .....

Family name (please print) First name (please print)

Medic Alert number (if relevant).....Review date .....

### Routine supervision for safety

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

- Ensure supervising staff know of the child's/student's diabetes and his or her routine and emergency support plans
- Encourage, in consultation with the child/student, a supportive buddy system with peers
- Enable the child/student 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 school
- 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 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 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 child's/student's management.

.....  
.....  
.....  
.....  
.....  
.....