

# Action Plan for Diabetes

## Personal Details

Student's name: \_\_\_\_\_

Sex: M  F  Date of birth: \_\_\_\_\_ Year/Class: \_\_\_\_\_

Emergency contact (e.g. parent, carer):

a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No: (Daytime) \_\_\_\_\_ (Mobile) \_\_\_\_\_

b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No: (Daytime) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Insert  
student's  
photo  
here

## Individual Support Routine Needs

Is this student able to self-manage their diabetes care?  Yes  No

Detail regular diabetes procedures that will be occurring at school, eg. blood glucose monitoring, insulin injections.

***NB: In severe cases of hypoglycaemia the student may not be able to assist himself or herself***

Student's **usual signs** of hypoglycaemia (low blood glucose level)

***In an emergency or symptoms present follow the Action Plan below***

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_