

FORT ZUMWALT SCHOOL DISTRICT
DIABETES CARE GUIDE

Date: _____

STUDENT: _____

Parents' telephone numbers:

Mom's Name: _____ (H) _____ (W) _____

Dad's Name: _____ (H) _____ (W) _____

Other emergency contact:

Name: _____ Telephone: _____

Doctor/health care provider:

Name: _____ Telephone: _____

Target range for blood glucose: _____ mg/dl to _____ mg/dl

Notify parents in the following situations: _____

INSULIN

Types of insulin taken: _____

Usual times of insulin injections: _____

Can child give own injections? Yes No

BLOOD GLUCOSE TESTS

Usual times to test blood glucose: _____

Times to do extra tests: _____ Before exercise _____ After exercise

Other times to do blood glucose tests: _____

Can child do own blood glucose tests? Yes No