



Diabetes Care Plan

Classroom card for a student with diabetes

FORM-HS-006

RESTRICTED

Notice of collection. The personal information collected on this form is collected by Grasslands Public Schools under the authority of POPA sections 4(a) and 4(c) and the *Education Act* SA 2012 sections 33(1) (d) and 33(1)(e), in support of recognising and treating hypoglycemia and supporting a student with diabetes during the school day. This notice is provided in accordance with POPA section 5(2). The information is used to identify the student, to tell supervising staff when low blood glucose is likely and what to do about it, and to reach a parent, guardian, emergency contact or physician when treatment is needed. The completed card is kept by the staff member supervising the student.

If you have any questions about the collection or use of this information, please contact the Access and Privacy Coordinator at privacy@grasslands.ab.ca or 403-793-6700.

Complete this card with the parent or guardian, then keep it with you in the classroom. Attach the student's photo in the space provided.

Student and contacts

STUDENT NAME

AGE

GRADE

PARENT'S NAME AND ADDRESS

HOME PHONE

BUSINESS PHONE

EMERGENCY PHONE

NAMES AND GRADES OF SIBLINGS IN THE SCHOOL

Medical contacts

DOCTOR

DOCTOR PHONE

EMERGENCY
NO.

NEAREST HOSPITAL

Hypoglycemia

TIME OF DAY WHEN LOW BLOOD GLUCOSE IS MOST LIKELY TO OCCUR

SYMPTOMS COMMONLY EXPERIENCED

WHAT HAS BEEN PROVIDED TO TREAT HYPOGLYCEMIA

WHERE IS IT LOCATED

Daily routine

TYPE OF MORNING SNACK

AFTERNOON SNACK

SUGGESTED TREATS FOR IN-SCHOOL PARTIES AND EVENTS

Sports and extracurricular activities. It is critical that the people who have students with diabetes in their care, especially gym teachers and coaches, are familiar with the symptoms, treatments and prevention of hypoglycemia. For more information about hypoglycemia, refer to the About Diabetes section and the Signs, Symptoms and Treatment of Hypoglycemia cards.

Notes and special instructions

NOTES

SPECIAL INSTRUCTIONS

AFFIX STUDENT PHOTO HERE

PARENT SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Physician's endorsement

The preceding information provided by the parent, legal guardian or independent student is correct

☐ Yes ☐ No

The assistance required of staff is within the competence of a person untrained in medical procedures

☐ Yes ☐ No

PHYSICIAN NAME

PHYSICIAN PHONE

LOCATION AND ADDRESS

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Principal's approval

PRINCIPAL NAME

SCHOOL

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD