

# Student Diabetes Care Plan

## Student Information

Student Name

Date of Birth

Grade/Class

Parent/Guardian Contact

Physician Name & Contact

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## Diabetes Information

Type of Diabetes

Date of Diagnosis

Medication/Insulin Details

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## Daily Care Requirements

Blood Glucose Monitoring

Insulin Administration

Meals & Snacks Schedule

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**Emergency Care**

Signs & Symptoms of Hypoglycemia

Treatment Procedure for Hypoglycemia

Signs & Symptoms of Hyperglycemia

Treatment Procedure for Hyperglycemia

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**Additional Information**

Physical Activity Considerations

Special Instructions

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