

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