

Birmingham Covington School

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1525 Covington Road, Bloomfield Hills, MI 48301

Dear Parent/Legal Guardian:

You have indicated that your child has **Diabetes**.

In order for school personnel to provide daily and emergency management of your child's diabetes at school, we require completion of the following forms:

- 1. School Based Care Plan for Diabetes requiring parent/legal guardian and physician signature.**
- 2. BPS Permission to Administer Medication form. (i.e., glucose tablets or gel)**

Enclosed you will find the appropriate forms to complete and return to the school office.

It is the parent/legal guardian's responsibility to provide all prescribed medications to the school. Please be advised that you are responsible for annual updates and for changes as they occur throughout the year.

Your prompt return of your child's information will assist us in responding more readily to your child's needs. Please return the completed packet to the school on or by the first day of school.

For further information or concerns, please contact the Public Health Nurse at the Oakland County Health Division, 248-424-7180.

Sincerely,

Adam Hartley

Birmingham Public Schools

School-based Care Plan for Student with Diabetes

Student name: _____

Date: _____

School: _____

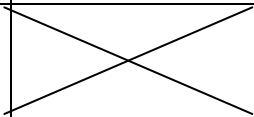
B.D _____

Address: _____

Parent/Guardian or Emergency Contact: _____ Home Phone _____

Work Phone: _____ Cell Phone: _____

To Be Completed by Physician and Parent

✓	Activity	Time	Person Responsible	Location
	Blood glucose testing			
	Ketone checks			
	Insulin administration			
	Logging of test results			
	Logging of medication admin.			
	Insulin storage			

Symptoms of an emergency:

Low blood sugar	Action	High blood sugar	Action
1.			
2.			
3.			
4.			

Comments: _____

Snacks in classroom: ___yes ___no

Is there a need for staff members trained to work with student ___yes ___no

What is the training that is needed? _____

If the child is vomiting and is unable to take fluid, convulsing or becomes unconscious, the school will call 911 and call the parent.

Physician signature: _____ Address: _____

Phone: _____

Parent signature: _____

Administrator signature: _____

Care Plan and signatures must be redone annually