	PILOT - CYS SER	VICES DIABETES (Form to be completed		DICAL ACTION PLA	AN
Child/Youth's Name		Date of Birth		Date	
Sponsor Name					
Health Care Provider		Health Care Prov	rider Phone		
		PRIVACY AC	CTATEMENT		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	10 U.S.C. 3013, Secretary of t Family Policy; AR 608-75, Exc Information will be used to ass Member Program (EFMP) and The DoD "Blanket Routine Use system. Disclosure of requested inform Army Child and Youth Service	the Army; 29 U.S.C. 794 septional Family Member sist Army activities in the street the Army Child and Yoes" that appear at the benation is voluntary; howe	r Program; AR 608- ir responsibilities in uth Services Progra eginning of the Army	 Child Development Serv overall execution of the Arm im. compilation of systems of 	ices. y's Exceptional Family records apply to this
child's health care p parent(s)/guardian(s a group setting may	re child/youth can be accommodate rovider in coordination with the CY s). This plan should be developed be performing the tasks ordered of s Diagnosis:	S Services child/youth cer with the understanding that in this Diabetes Daily Med	nter's health consulta at child caregivers (no ical Action Plan. API	nt/Army Public Health Nurse (A on-medical personnel) responsi	NPHN) and the ble for caring for children in
Normal blood gi	ucose range for child/you	th:	to		
	DAILY CARE RE	EQUIREMENTS (required duri	ng child care hours)
☐ Food Monitoring☐ Other:		Blood Glucose Monitoring		ctivity Monitoring	□ Insulin Therapy
Storage of Diabet	ic Supplies and Emergency F	Response Medications	(all supplies and	medications supplied by	parent/guardian)
	eter & Test Strips	leter & Test Strips	Lancets Glu	cagon Insulin Pen	□ Insulin Vial & Syringe
FOOD MONITORII	NG - OVERSIGHT BY STAFF				
□ Meal/Snack Port				n of accuracy of counting of car	-
□ Verification of	·		□ Verification	n of carb data entry into insulin	pump
	f amount of food consumed		□Other:		
□ Documentation of BLOOD GLUCOSI	•		□Otilei		
Check blood glucos		eals/Snacks		Hours After Meals.	/Snacks
☐ Before Activity	□ After Acti			Prior to leaving care	Ollacks
	MONITORING - METER, LANCE				
□ Yes - Brand/Mod	del of the blood glucose meter:				
Preferred testing	g site: □ Fingertips □ Forear	m □ Thigh	□ Other:		
	Note: If severely low blood glue	cose (hypoglycemia) is s	uspected only use t	he fingertips to check blood	glucose.
Alarms set for: Lo	has a Continuous Glucose Meter ow: (mg/o ed on alarms and readings sults with a finger stick check befor	(It	ligh:	(mg/dl)	
	f child/youth has symptoms or s E MONITORING – CHILD/YOU				f CGM readings.
□ No - CYSS Ca	regivers will need to perform and m	nonitor blood glucose/ketor	e checks		
□ Yes with assis	stance, child/youth can perform an	d self-monitor blood gluco	se/ketone checks wit	h CYSS staff assistance	
□ Yes independ	ently, child/youth can independent	tly perform and self-monito	or blood glucose/keto	ne checks and can alert CYSS	staff if assistance is required
-	as permission to carry self-monitor		-		•

PILOT - CYS SERVICES DIABETES DAILY MEDICAL ACTION PLAN (Form to be completed by Health Care Provider) Child/Youth's Name Date of Birth INSULIN THERAPY - CHILD/YOUTH OVERSIGHT BY STAFF Given by: □ Insulin Pump □ Syringe & Vial □ Insulin Pen □ Child/Youth Administered by: □ Parent □ Other: □ Other: ____ Preferred Injection Site: □ Stomach □ Upper Arm □ Thigh □ Buttocks □ Rotation Note: For rotation of injection sites, please ensure all preferred sites are selected. Symptomatic Blood Glucose Level Insulin Dosing: Give insulin according to the dosing scale: Blood glucose _____ to ____ mg/dl give _____ units of insulin give _____ units of insulin Blood glucose _____ to ____ mg/dl Blood glucose ___ ____ mg/dl give _____ units of insulin __ to ____ Post-meal dosing of insulin is preferred. Age and maturity must be considered when determining whether pre-meal dosing is appropriate for the child in a child care setting. Insulin dosing based on carbohydrate counts will only be supported for scheduled meals and snacks: □ Meal provided by parent/guardian pre-labeled amount of carbohydrates. ☐ Army CYS Standardized Menu with Nutritional Data (check availability) □ Carbohydrate coverage only: 1 unit of insulin per ____ grams of carbohydrate □ Carbohydrate coverage + correction factor dose: Pre-meal blood glucose greater than ____ mg/dl (target blood glucose) and ___ hours since last insulin dose. Correction Factor: 1 unit of insulin per ____ mg/dl above target blood glucose + 1 unit of insulin per ____ grams of carbohydrate □ Insulin Pump Wizard □ DO NOT give insulin for snacks. Child/Youth can determine own insulin dosages: □ No - Parent/Guardian or authorized adult designee must determine dosage and administer insulin injections. ☐ Yes with assistance, child/youth can determine dosage and administer insulin with supervision. □ Yes independently, child/youth can independently determine dosage and administer insulin without assistance or supervision. **INSULIN PUMP:** _____ Type of Insulin: ____ Brand/Model: For blood glucose greater than mg/dl for hours call parents/guardian for pickup. Follow actions and emergency protocols for signs/symptoms of low or high blood glucose (hypoglycemia/hyperglycemia). Child/Youth can self-manage their insulin pump: □ No - Parent/Guardian or authorized adult designee must assist child/youth to manage insulin pump settings. □ Yes with assistance, child/youth can self-manage their insulin pump but may need CYSS staff to oversee entering blood sugar and meal information. □ Yes independently, child/youth can independently manage their insulin pump without any assistance or supervision. Parental Permission/Consent Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the APHN or their designee to administer prescribed medicine and to contact emergency medical services if necessary. I understand that I am responsible for providing all of the medication and other necessary items for my child's/youth's care, to include sharps waste disposal and management. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS programs. Parent must be readily available via telephone in the event of a diabetic emergency. Youth Statement of Understanding I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying or taking my medication. I agree with the plan outlined above. Printed Name Parent/Guardian Date (YYYYMMDD) Parent/Guardian Signature Printed Name Youth, if applicable Youth Signature Date (YYYYMMDD) Stamp of Health Care Provider Health Care Provider Signature Date (YYYYMMDD) Printed Name Program Director / FCC Provider Program Director / FCC Director Signature Date (YYYYMMDD) Printed Name APHN/Health Consultant APHN/Health Consultant Signature Date (YYYYMMDD)

Child/Youth's Name Date of Birth Date Sponsor Name Health Care Provider Health Care Provider PRIVACY ACT STATEMENT 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Program; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services. PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program. ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.	PI	LOT - CYS SERVICE	S DIABETES EM	MERGENCY MED	DICAL ACTION PLAN
Sponsor Name Health Care Provider Health Care He	• •		(Form to be completed by		
Health Care Provider Health Care Provider Health Care Provider Phone	Child/Youth's Name	Dat	e of Birth		
AUTHORITY: 10 U.S.C. 3013. Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Program; DoDD 1342.17 PRINCIPAL PURPOSE: Information with the used to assist Army activities in their responsibilities in overal execution of the Army's Exceptional Family Memorits Program; AR 608-10, Child Development Services. Information with the used to assist Army activities in their responsibilities in overal execution of the Army's Exceptional Family Memorits Program; AR 608-10, Child Development Services. Information with the used to assist Army activities in their responsibilities in overal execution of the Army's Exceptional Family Memorits Program. DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program. In order to ensure the child/youth can be accommodated in a safe and healthy manner into a group child care setting, this plan should be completed by the child's health care provided incovination with the CYS Services child/youth canner's health constitution's public health Nurse (APHN) and the parent(s)/guardiancy. This plan should be developed with the understanding that child caregives (non-medical personnel) responsible for caring for children in a group setting may be performing the lasts ordered on this Blades Boally Medical Action Plan. APHN Contact Information: Normal blood glucose a range for child/youth. Dispensive of the program in the	Sponsor Name				
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Family Policy: AR 688-76, Exceptional Family Member Program: AR 608-10, Child Development Services. RMRICIDAL PURPOSE: Information with the used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program. The Dob Planker Routine Uses that appear at the beginning of the Army scompilation of systems of records apply to this The Dob Planker Routine Uses that appear at the beginning of the Army Scompilation of systems of records apply to this The Dob Planker Routine Uses that appear at the beginning of the Army Scompilation of Systems of records apply to this The Dob Planker Routine Uses that appear at the beginning of the Army Scompilation of Systems of records apply to this Individual may not be able to participate in Army Child and Youth Services Program. In order to ensure the child/youth can be accommodated in a safe and healthy manner into a group child care setting, this plan should be completed by the child's health care provider in coordination with the CYS Services Child/youth caner's health consultant/Army Public Health Murse (APM) and the parenticylgandariely. This plan should be developed with the understanding health did caregivers (pro-medical pessons) responsible for caregivers (program, and the parenticylgandariely). This plan should be developed with the understanding health of the parenticylgandariely. This planker of the parenticylgandariely is the parenticylgandariely in the parenticylgandariely. This planker of the parenticylgandariely is the parenticylgandariely. This planker of the parenticylgandariely is the parenticylgandariely in the parenticylgandariely. This planker of the parenticylgandariely is the parenticylgandariely is the parenticylgandariely in the parenticylgandariely is the parenticylgandariely in the parenticylgandariely is the parenticylgandariely in the parenticylgandariely is the parenticylgandariely is the parenticylgandariely in the parenticylgandariely is	AUTHORITY:	10 U.S.C. 3013, Secretary of t			er Federal Grants and Program; DoDD 1342.17
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Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Sarvices Program. In order to ensure the child/youth can be accommodated in a safe and healthy manner into a group child care setting, this plan should be completed by the child's health care provided in a control with the CVS Services child/youth careful health ware (APHA) in the parents/glypuadian(s). This plan should be developed with the understanding that child caregivers (non-medical personnel) responsible for caring for children in a group setting may be performing the tasks ordered on this Diabetes Daily Medical Action Plan. APHN Cortical Information: Normal blood glucose range for child/youth:	ROUTINE USES:	The DoD "Blanket Routine Use	es" that appear at the be	ginning of the Army's cor	mpilation of systems of records apply to this
health care provider in coordination with the CYS Services child/youth center's health consultant/Amy Public Health Nurse (APHN) and the parent(s)/quardian(s). This plan should be developed with the understanding that child caregivers (non-medical personnel) responsible for caring for children in a group setting may be performing the tasks ordered on this Diabetes Daily Medical Action Plan. APHN Contact Information: Normal blood glucose range for child/youth: Shakiness	DISCLOSURE:	Disclosure of requested inform		ver, if information is not p	provided individual may not be able to participate
Hypoglycemia - Milid to Moderate, blood glucose levels below 70 mg/dl and child is able to swallow (Low Blood Sugar) Symptoms Shakiness	health care provider in This plan should be de	coordination with the CYS Service eveloped with the understanding the	es child/youth center's hea nat child caregivers (non-m	Ith consultant/Army Public edical personnel) responsi	Health Nurse (APHN) and the parent(s)/guardian(s) ible for caring for children in a group setting may be
Shakiness Initable/Confused Weak Hugry Dizzy Diter: Looks dazed Hugry Dizzy Dizzy Diter: Treatment of Hypoglycemia (if child is unresponsive, or unable to swallow initiate EMERGENCY RESPONSE) 1) if blood glucose is between and and child/youth is able to swallow give: 3-4 glucose tablets 3-4 glucose	Normal blood glu	cose range for child/youtl	n:	_ to	
Shakiness Initable/Confused Weak Hugry Dizzy Diter: Looks dazed Hugry Dizzy Dizzy Diter: Treatment of Hypoglycemia (if child is unresponsive, or unable to swallow initiate EMERGENCY RESPONSE) 1) if blood glucose is between and and child/youth is able to swallow give: 3-4 glucose tablets 3-4 glucose	Hypoglycemia - Mil	d to Moderate, blood glucos	e levels below 70 mg/d	I and child is able to s	wallow (Low Blood Sugar) Symptoms
Sweaty	□ Shakiness		□ Irritable/Confused		
Other: Treatment of Hypoglycemia (if child is unresponsive, or unable to swallow – initiate EMERGENCY RESPONSE) 1) If blood glucose is between and and and child/youth is able to swallow give: 3 A small cup of regular juice or soda (4 ounces) Repeat blood glucose level in 15 minutes and child/youth is able to swallow, repeat food items per step 1. Repeat blood glucose level in 15 minutes and plot glucose level in 15 minutes and plot glucose level in 15 minutes and plot glucose level in 15 minutes and prepeat food items per step 1 and contact parents for pickup for non-response of blood glucose levels. If after steps 1-2 child/youth blood glucose is below and/or for signs/symptoms of severely low blood glucose: UNCONSCIOUS, UNRESPONSIVE, OR SEIZURES - CONDUCT EMERGENCY RESPONSE PROTOCOL! EMERGENCY RESPONSE: SEVERELY LOW BLOOD GLUCOSE REQUIRES IMMEDIATE ACTION Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Unnable to Concentrate Warm/dry flushed skin Headache Unable to Concentrate Warm/dry flushed skin Headache Unable to Concentrate Marmy flushed skin Heada		ed face			
Treatment of Hypoglycemia (if child is unresponsive, or unable to swallow — initiate EMERGENCY RESPONSE) 1) If blood glucose is between and and child/youth is able to swallow give: A small cup of regular juice or soda (4 ounces)	_		□ пеацаспе	Ш	Dizzy
1) If blood glucose is between and and child/youth is able to swallow give: 3 4 glucose tablets		dycemia (if child is unresno	nsive or unable to swa	allow – initiate EMERG	ENCY RESPONSE)
3-4 glucose tablets					
2) If blood glucose is between and and child/youth is able to swallow, repeat food items per step 1. Repeat blood glucose level in 15 minutes 3) If blood glucose remains between and, repeat food items per step 1 and contact parents for pickup for non-response of blood glucose levels. If after steps 1-2 child/youth blood glucose is below and/or for signs/symptoms of severely low blood glucose: UNCONSCIOUS, UNRESPONSIVE, OR SEIZURES - CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY LOW BLOOD GLUCOSE REQUIRES IMMEDIATE ACTION Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Urination Nausea / Stomach ache Heavy breathing Preatment of Hyperglycemia Warm/dry flushed skin Headache Headac	2.4 -1	a tablata	_ 1E aua al		
2) If blood glucose is between and and child/youth is able to swallow, repeat food items per step 1. Repeat blood glucose level in 15 minutes 3) If blood glucose remains between and repeat food items per step 1 and contact parents for pickup for non-response of blood glucose levels. If after steps 1-2 child/youth blood glucose is below and/or for signs/symptoms of severely low blood glucose: UNCONSCIOUS, UNRESPONSIVE, OR SEIZURES - CONDUCT EMERGENCY RESPONSE PROTOCOL! EMERGENCY RESPONSE: SEVERELY LOW BLOOD GLUCOSE REQUIRES IMMEDIATE ACTION Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Urination Nausea / Stomach ache Heavy breathing Headache Heavy breathing Headache Headache Heavy breathing Headache Headache Headache Heavy breathing Headache H	□ A small cu	ip of regular juice or soda (4 ounce	es) □ Other:	lovel in 15 minutes	
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Blood glucose levels. If after steps 1-2 child/youth blood glucose is below and/or for signs/symptoms of severely low blood glucose: UNCONSCIOUS, UNRESPONSIVE, OR SEIZURES - CONDUCT EMERGENCY RESPONSE PROTOCOL! EMERGENCY RESPONSE: SEVERELY LOW BLOOD GLUCOSE REQUIRES IMMEDIATE ACTION	,		Repeat blood glucose	level in 15 minutes	
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EMERGENCY RESPONSE: SEVERELY LOW BLOOD GLUCOSE REQUIRES IMMEDIATE ACTION Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Urination Dither: Treatment of Hyperglycemia If blood glucose is between Give child/youth Check Urine Blood Repeat blood glucose level in Other: Repeat blood glucose level in One give an additional dose of insulin of Other: Repeat blood glucose is between And Onotify parent/guardian. Repeat blood glucose level in Injure minutes If blood glucose is between SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF SEVERELY HIGH BLOOD GLUCOSE EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE For blood sugar above Injure children Injure severy In		r steps 1-2 child/vouth blood glu	cose is below	and/or for signs/sympto	oms of severely low blood alucose:
Notify Emergency Medical Services and notify parent/guardian. Administer Glucagon (as prescribed)					
Administer Glucagon (as prescribed) Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Urination	EMERG	ENCY RESPONSE:	Notify E	morgonov Modical S	anyions and notify parent/quardian
Hyperglycemia - Mild to Moderate, blood glucose greater than 300 mg/dl (High Blood Sugar) Symptoms Frequent Urination	SEVERELY L	OW BLOOD GLUCOSE	Notify E	•	• • • • • • • • • • • • • • • • • • • •
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Extreme Thirst			se greater than 300 mg	/dl (High Blood Sugar)	
Unable to Concentrate Combative behavior "Feels low" Treatment of Hyperglycemia If blood glucose is between and monitor for symptoms and check blood glucose per daily care plan. If blood glucose is between and monitor for symptoms and check blood glucose per daily care plan. If blood glucose is between and monitor for symptoms and check blood glucose per daily care plan. If blood glucose is between and monitor for symptoms and check blood glucose per daily care plan. If blood glucose is between and monitor for symptoms and check blood glucose per daily care plan. Give child/youth cups of water per hour.			□ Nausea / Stomach	acne 🗆	
If blood glucose is between and			□ Combative behavior	or \Box	
If blood glucose is between and					
If blood glucose is between and cups of water per hour. Give child/youth cups of water per hour. Check	I reatment of Hyper	glycemia	monitor for	symptoms and shock blood	d alucaça par daily cara plan
Repeat blood glucose level in minutes If blood glucose is between and give an additional dose of insulin of units. Repeat blood glucose level in minutes If blood glucose is between and notify parents/guardian for pick-up. For signs/symptoms of severely high blood glucose (hyperglycemia): SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE SEVERELY HIGH BLOOD GLUCOSE DECOURDES IMMEDIATE ACTION	If blood glucose is bet	ween and and		symptoms and check blood	a glucose per dally care plan.
Repeat blood glucose level in minutes If blood glucose is between and give an additional dose of insulin of units. Repeat blood glucose level in minutes If blood glucose is between and notify parents/guardian for pick-up. For signs/symptoms of severely high blood glucose (hyperglycemia): SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE SEVERELY HIGH BLOOD GLUCOSE DECOURDES IMMEDIATE ACTION	□ Give child	/youth cups of water per	hour.		
If blood glucose is between and give an additional dose of insulin of units. Repeat blood glucose level in minutes If blood glucose is between and notify parents/guardian for pick-up. For signs/symptoms of severely high blood glucose (hyperglycemia): SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE SEVERELY HIGH BLOOD GLUCOSE BEOLUBES IMMEDIATE ACTION	□ Check □ Other:				
If blood glucose is between and notify parents/guardian for pick-up. For signs/symptoms of severely high blood glucose (hyperglycemia): SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE SEVERELY HIGH BLOOD GLUCOSE BEOLUBES IMMEDIATE ACTION	If blood alucose is bet	ween and	dive an a	dditional dose of insulin of	units.
For signs/symptoms of severely high blood glucose (hyperglycemia): SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE SEVERELY HIGH BLOOD GLUCOSE PROLUBES IMMEDIATE ACTION	s.oou g.uoooo io soo	44	Repeat blood glucose lev	rel in minutes	
SHORTNESS OF BREATH, VOMITING, BLOOD KETONES OF, OTHER: CONDUCT EMERGENCY RESPONSE PROTOCOL EMERGENCY RESPONSE: SEVERELY HIGH BLOOD GLUCOSE PROUBES IMMEDIATE ACTION	If blood glucose is bet	ween and	notify par	rents/guardian for pick-up.	
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SEVERELY HIGH BLOOD GLUCOSE PEOUPES IMMEDIATE ACTION		CO			
DECLIDES IMMEDIATE ACTION				, Houly	
			Additional Instruct	ions:	

Child/Youth's Name				Date of Birth		
		PILOT - CYS SERVICI	ES DIABETES EMERGENCY	MEDICAL A	ACTION PLAN	
-			(Form to be completed by Health Care Provide	er)		
	llow Up	tos Emorgonov Modical Action I	Plan must be updated/revised whenever	or modications	or child/youth's hoalth status	
			petes Emergency Medical Action Plan			
		Procedures	social Emergency medical reason han	made so apade	at loads every 12 months.	
•	The ch Staff/pi This pl		r parent/guardian during the entire field trip arding rescue medication use and this hea		No .	
Sel	f-Medica	ation for School Age Youth				
	<u>YES</u>	professional opinion that s/he <u>SH</u> not to share medications and sho	nstructedin the properties of the propert	ster his/her medi- vilege of self-med	cation. Youth has been instructed	
	<u>NO</u>	It is my professional opinion that	SHOULD NOT carry of	or self-administer	his/her medication.	
Bu	s Transp	oortation should be Alerted to Ch	ild/Youth's Condition.			
•	Rescue Child/y		s on the bus. □ Yes □ No Backpack □ Waist pack □ On Person □ Yes □ No	□ Other:		
Par	rental Pe	ermission/Consent				
des pro also be	signee to viding all o unders readily a	administer prescribed medicine and of the medication and other necestand my child/youth must have requavailable via telephone in the even	buth personnel who have been trained in m d to contact emergency medical services it sary items for my child's/youth's care, to in uired medication with him/her at all times we nt of a diabetic emergency.	necessary. I ur clude sharps wa	nderstand that I am responsible for ste disposal and management. I	
You	uth State	ement of Understanding				
res	trictions,		<u> </u>	ther disciplinary		
<u> </u>		D ((0))	I agree with the plan outlined above	<u>. </u>		
Prin	nted Name	e Parent/Guardian	Parent/Guardian Signature		Date (YYYYMMDD)	
Prin	nted Name	e Youth, if applicable	Youth Signature		Date (YYYYMMDD)	
Sta	mp of Hea	alth Care Provider	Health Care Provider Signature		Date (YYYYMMDD)	
Prin	nted Name	e Program Director / FCC Provider	Program Director / FCC Director Signature		Date (YYYYMMDD)	
Prin	nted Name	e APHN/Health Consultant	APHN/Health Consultant Signature		Date (YYYYMMDD)	

Child Name	Pilo
	1 110

Pilot Blood Glucose and Ketone Monitoring Log

Date	Time	BG Reading	Ketone Reading	Signs, Symptoms, Action Taken (Include blood/urine ketone readings if applicable)	Initials

Printed name and signature of perso	ons above supervising/conducting	blood glucose or ketone testing:
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	BREAKFA	SI (time):				
	Pre-Meal			Carb	Insulin	Dosage Verification
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ate	AFTERNO	OON SNACKS (time):				
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ate	ADDITIO	NAL SNACKS (time):				
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ri					Given By:	
Insulin	dose deter	mined by non-licensed CYS Se	rvices personnel must be	conduct	ed independently by t	two persons and dosage
		. Initials of all persons who cal				
		e person administering the ins				
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