The Wolds Federation of Schools

Executive Headteacher Mrs Elizabeth Harros

www.thewoldsfederation.co.uk

DIABETIC EMERGENCY INFORMATION

This plan should be produced by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

Name of child:		Child's Photo
Group/class/form:		
Date of birth:		
School year:		
Parent/guardian's name:		
Home contact number:		
Mobile contact number:		
GP/Medical Centre number:		
School nurse number:		

Known triggers:	

Location of medication in school:	

Designated school health official:	

Regime

☐ **Insulin Regime**

is on a multi-dose insulin regime of 4 or more injections a day.

They will have an injection of insulin at breakfast, lunch, evening meal and another before bed.

In addition to these injections they may also have a small snack during the day without requiring a further injection. They will require a suitable, safe, private place to be able to carry out lunch time injections with access to a sharps disposal unit for used needles and lancets.

A toilet is not considered a suitable place to carry out this clean procedure. Some children/young people will require supervision for this lunchtime injection.

☐ **Pump Regime**

is given insulin via a pump device. The pump delivers a small amount of background insulin constantly throughout the day (basal).

Insulin is also administered each time carbohydrate food is consumed (bolus). This is carried out by manually instructing the pump. An insulin bolus may also be required to correct blood glucose levels if levels exceed 14mmols.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP or specialist/school nurse and in the case of an emergency, this plan may be passed to medical personnel.

I assume full responsibility for providing the school with an adequate supply of the prescribed medication with the pharmacist instructions and required delivery devices. I approve this Diabetes Care Plan for my child.

Parent's signature:	Date:
School nurse's signature	Date:
Headteacher's signature	Review Date: