

# Care Plan for: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Div: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

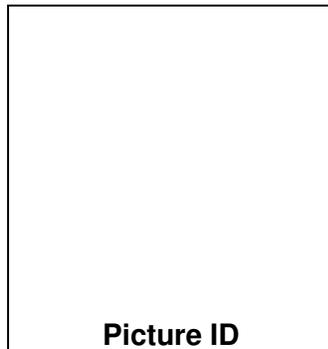
Parent/Guardian: \_\_\_\_\_

Phone (home/cell): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_



## Emergency Plan:

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## HISTORY:

Date of Diagnosis: \_\_\_\_\_  
 Student wears a Medic-Alert  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SYMPTOMS/PRESENTATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CARE PLAN INFORMATION:

Medications (list): \_\_\_\_\_ Medication expiry date: \_\_\_\_\_  
 Location of emergency kit: \_\_\_\_\_  
 Names of staff oriented to plan: \_\_\_\_\_  
 Emergency plan review date (to do yearly): \_\_\_\_\_  
 Field Trip Plans: \_\_\_\_\_

*It is the parent's responsibility to notify the facility of any change in the student's condition.*

Sign below if you agree with above information & plan:

Health Care Provider (ie. Dr/Specialist/NP) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Diabetes Care Plan is provided as a resource from Vancouver Coastal April 2013

