



### DIABETES MANAGEMENT PLAN

This plan should be completed by both the child's health care provider (diabetes nurse educator, endocrinologist, or primary care provider/physician) and the child's parent/guardian. It should be immediately updated with any new information, as necessary.

Effective Dates: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Condition (Identify and Explain):

\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Grade: \_\_\_\_\_

Contact information: Circle the primary contact person and phone number

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

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Who has custody of the child? \_\_\_\_\_

Child's Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Other Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Notify parent/guardian or emergency contact in the following situations: \_\_\_\_\_

\_\_\_\_\_

Recommended Monitoring of Child: \_\_\_\_\_

\_\_\_\_\_

Specify any medical time requirements: \_\_\_\_\_

\_\_\_\_\_

Can child perform own monitoring? Yes No

Identify the type of any meter, monitor, nebulizer, applicator, needle, pump, or any other devices necessary for the child's Diabetes Management Plan (include model and instruction booklet):

\_\_\_\_\_

