Children's Hospital of Wisconsin

School Plan Instructions!

Please print these instructions – page 2 is the **Dosing worksheet**.
Open link and Print the **School Plan**.
** Please check with your school to see if they prefer their own school plan.*

Schools require an individual health plan (IHP) or **School Plan** on file for every student with diabetes. The School Plan sets guidelines for insulin administration, blood glucose checks, meal plans, and other diabetes related needs during school. This plan if often used for day care and other childcare settings as well.

- Please fill out each section of the School plan and sign page 2 before returning it.
- Insulin doses (**Complete worksheet**)
- Parent signature allows the Diabetes Clinic Staff to speak with the school regarding the child's diabetes.
  *School plans are not valid unless reviewed and signed by a Diabetes Clinic Medical provider:
  Please return completed School Plan to Diabetes Clinic.

Mail →	**Children's Hospital of Wisconsin – Diabetes Clinic** 9000 West Wisconsin Avenue Milwaukee, WI 53201	**Children's Hospital of Wisconsin – Fox Valley** Diabetes Clinic 130 Second Street Neenah, WI 54956
FAX →	**414-266-3964**	**920-969-7979**
Or →	**Bring completed form to your next visit to clinic**	

Tell us the best way to get plans to your school: Choose one of the following options

1. Send a pre-addressed envelope with school address with your return mailed school plan.
2. Include the **School Name** and a **fax number**. ** Contact your School or School District for this information.*
3. Forms brought to clinic visits need to be filled out prior to clinic visit.

We want your child to have their school Plan in place on the first day of school!
Please start the process today!
It can take 7 to 10 business days to process the school plans.

Keep a copy for your records

If you need help completing your child's school plan, we will have walk in School Plan Clinics. You will be able to bring your school plan into clinic for review and signature.
A fee will be charged to your insurance for this visit.
Dates for school plan clinics will be posted on the Website!

*Missing or inaccurate information will delay processing!

Contact the clinic with any questions Monday through Friday 8:00am to 4pm.	
Children's Hospital of Wisconsin – Diabetes Clinic	Children's Hospital of Wisconsin – Fox Valley
Email: diabetesclinic@chw.org Phone: 414-266- 3380 Fax: 414-266-3969	Email: FVDiabetesclinic@chw.org Phone: 920-969- 5390 Fax: 920-969-7979

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Insulin Dose Worksheet

Name: _____ Birth date: _____

Current Insulin: _____ Humalog _____ Novolog

Current Unit per Carbohydrate Dose:

Breakfast: _____ unit for _____ carbs / carbohydrates
Lunch: _____ unit for _____ carbs / carbohydrates
Dinner: _____ unit for _____ carbs / carbohydrates

Can your child give their own insulin injection? Yes No
Do they need supervision? Yes No
Do they dose before or after lunch? Before After

Do they eat meals or snacks other than lunch at school? Yes No
If yes which meal_____
*If your child eats a snack at school do they require insulin for the snack? Yes No
Correction Dosing:

_____ unit to lower Blood Glucose _____ points
Target Number _____ (number you correct blood sugar to)
Target Range for Blood Glucose: _____ to _____

If your child has a low blood sugar at meal time do you decrease your insulin scale?
No Yes _____ units

Do you administer extra correction outside of meal time? Yes No
Starting over what Blood Glucose level _____

If you or your school uses a dosing chart, please include a copy of the your child's current chart.
Does your School prefer to use a dosing chart at school? Yes No