



# Nora Frances Henderson Secondary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

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September 21, 2020

Dear Parents and Guardians,

To promote the safety and well-being of students with prevalent medical conditions- Diabetes, parents and/or guardians are encouraged to confirm annually to the Principal or Principal's designate the student's medical status by completing and submitting appropriate forms.

**Attached please find:**

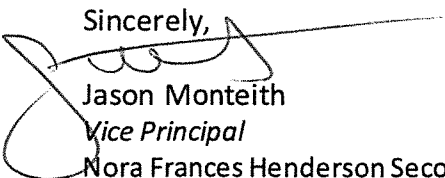
- Diabetes Plan of Care (Appendix D)
- Daily Routine Diabetes Management
- Healthcare Provider Information (Optional)
- Authorization/Plan Review, Consent Form to Carry and Administer Medication/Disclose Personal Information (Appendix G3)

Please complete the attached forms and return to the Main Office as soon as possible, but no later than Wednesday, September 30th. A picture of your child will be attached to the Diabetes Plan of Care and shared with the appropriate staff.

We request that, in compliance with PPM 161, you provide the school with a Diabetes Management Kit. The Diabetes Management Kit will be kept in the Main Office. A description of what the kit will include is included in the attached paperwork.

If you have any questions, please contact Vice-Principal Jason Monteith by phone or email at [jsmontei@hwdsb.on.ca](mailto:jsmontei@hwdsb.on.ca).

Sincerely,



Jason Monteith  
Vice Principal  
Nora Frances Henderson Secondary School

# HWDSB

Appendix D

## DIABETES Plan of Care

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

OEN # \_\_\_\_\_ Age \_\_\_\_\_

Student Photo (optional)

Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

### EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

### DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) \_\_\_\_\_

Method of home-school communication: \_\_\_\_\_

Any other medical condition or allergy? \_\_\_\_\_

Post copy of page one in staff only area

## DAILY/ROUTINE DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes

No

If Yes, go directly to page five (5) — Emergency Procedures

ROUTINE	ACTION
<p><b>BLOOD GLUCOSE MONITORING</b></p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	<p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p>
<p><b>NUTRITION BREAKS</b></p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>	<p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>

ROUTINE	ACTION (CONTINUED)
<p><b>INSULIN</b></p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Injection <input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: _____ _____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school:                      <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break:                              <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p><b>ACTIVITY PLAN</b></p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>

**ROUTINE****ACTION (CONTINUED)****DIABETES MANAGEMENT KIT**

Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.

Kits will be available in different locations but will include:

- Blood Glucose meter, BG test strips, and lancets
- Insulin and insulin pen and supplies.
- Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)
- Carbohydrate containing snacks
- Other (Please list) \_\_\_\_\_

Location of Kit: \_\_\_\_\_

**SPECIAL NEEDS**

A student with special considerations may require more assistance than outlined in this plan.

Comments: