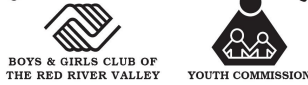


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**Youth Commission
Individual Child Care Plan (ICCP)
Diabetes**

Child's Name: _____ DOB: _____

School Site: _____

Diagnosed Medical Condition: _____

1. What medication and treatment plan is your child following? (Complete MEDICATION PERMISSION FORM & LOG FORM)

2. Is your child on a diet plan? YES NO

a. If yes, please explain: _____

3. Are there any restrictions for your child while in the Youth Commission?

4. Can your child administer the medication and treatment themselves or does your child need help? On Own Needs Assistance

a. If needs assistance, what does the staff need to do? Please note; if staff need to help your child you will need to train them in the specifics. _____

5. Is your child's blood sugars checked during the day? YES NO

6. Is insulin administered to your child during the day? YES NO

7. Is your child on a sliding insulin scale? YES NO

YOUTH COMMISSION / BOYS & GIRLS CLUB OF THE RED RIVER VALLEY

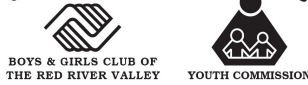
Fargo Youth Center
2500 18th Street South
Fargo, ND 58103
P: 701/235-2147
F: 701/235-9970

Youth Center @ Rose Creek
4809 University Drive South
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Moorhead Youth Center
215 10th Street North
Moorhead, MN 56560
P: 218/284-1199
F: 218/284-1201

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**Youth Commission
Individual Child Care Plan (ICCP)
Diabetes**

A) If yes, at what sugar level does the family need to be contacted?

8. If your child's blood sugars are checked and/or insulin is administered to your child during the day; outside of the Youth Commission, is this information documented and if so, where can our staff access this information if needed? _____

9. Does your child ever experience diabetic reactions and/or symptoms? If so, please explain what reactions and/or symptoms our staff need to watch for:

A) Before the reaction: _____

B) During the reaction: _____

C) After the reaction: _____

10. If your child does not respond to medication and treatment what would you like the staff to do?

11. Is there any additional information staff must know in order to best serve your child?

Parent Signature: _____ Date: _____

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