

Activity Plan for Type 1 Diabetic Students

Student _____ Grade _____ Year _____ Page 1 of 5

Extracurricular Activities/Sports

*Parental Responsibility to Communicate
School's Responsibility to Facilitate*

Use **separate** sheet for **each activity, each year**. Share with school nurse and 504 Coordinator. **Plan ahead** - additional staff may need to be trained.

Activity/Sport _____

#1 Activity Instructor _____

Cell phone _____ email _____

#2 Alternate Instructor _____

#2 Cell Phone _____ email _____

Additional contacts: _____

Parent: Contact Info Shared with Staff? YES NO

Before/After School Activities i.e. Training/Practice

Start Date (mm/dd) _____ Est. End Date (mm/dd) _____

Day of the week (circle) **Mon Tue Wed Thu Fri Sat Sun**

Other: _____

Time(s) of activity during non-school hours _____

Trained Staff or UDCA onsite: YES NO

Contact _____ Cell Phone _____

Emergency Supplies Location _____

T1TG Tool: "T1D Activity Plan" available @ www.Type1ToGo.com

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Always consult your doctor for medical advice.

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Field Trip/Travel Events (List each event separately)

Event #1 _____

Start Date (mm/dd) _____ End Date (mm/dd) _____

Location _____

Trained Staff or UDCA onsite: YES NO

Contact _____ Cell Phone _____

Emergency Supplies Location _____

Event #2 _____

Start Date (mm/dd) _____ End Date (mm/dd) _____

Location _____

Trained Staff or UDCA onsite: YES NO

Contact _____ Cell Phone _____

Emergency Supplies Location _____

Event #3 _____

Start Date (mm/dd) _____ End Date (mm/dd) _____

Location _____

Trained Staff or UDCA onsite: YES NO

Contact _____ Cell Phone _____

Emergency Supplies Location _____

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Supplies

During **non-school hours** or **off- campus** event, it is highly advised that a parent provides an **emergency kit of supplies/instructions/contact information** to leave with an approved staff member.

List of supplies: _____

Description of Supply Case/Kit _____

Location of supplies: _____

Contact information for staff member with supplies

Phone: _____ e-mail: _____

Parental Responsibility to Communicate

Review, Update and Communicate your child's **Activity Plans** to school administration to allow for appropriate medical support for your child during Extracurricular Activities. **Keep a copy of this plan for your records.**

Include **Activity Plan** in the following: **Diabetes Medical Plan** and **504 Plan**

Contact both Nurse/Clinic Staff and 504 Coordinator.

School's Responsibility to Facilitate

With proper and thorough communication of a student's activities, **school staff is responsible** for providing support for your child in all academic and extracurricular activities on and off campus and before, during and after school. Plan ahead and allow appropriate time for staff to be trained.

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