**Activity Plan for Type 1 Diabetic Students**

**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

<table>
<thead>
<tr>
<th>#1 Activity Instructor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell phone</td>
<td>email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 Alternate Instructor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Cell Phone</td>
<td>email</td>
</tr>
</tbody>
</table>

Additional contacts:

**Parent: Contact Info Shared with Staff?**

YES ☐ NO ☐

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

<table>
<thead>
<tr>
<th>Start Date (mm/dd)</th>
<th>Est. End Date (mm/dd)</th>
</tr>
</thead>
</table>

Day of the week (circle)

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

Other:

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

**Trained Staff or UDCA onsite:**

YES ☐ NO ☐

Contact

Cell Phone

Emergency Supplies Location

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**T1TG Tool: “T1D Activity Plan”** available @ [www.Type1ToGo.com](http://www.Type1ToGo.com)

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Activity Plan for Type 1 Diabetic Students

Student ____________________ Grade ____ Year _______ Page 2 of 5

Game/Event Days
Start Date (mm/dd) _______________ Est. End Date (mm/dd) _______________
Day of week (circle) Mon Tue Wed Thu Fri Sat Sun
(Or ATTACH SCHEDULE)

ON Campus Trained Staff or UDCA onsite: YES ☐ NO ☐
Contact _______________________ Cell Phone _______________________
Emergency Supplies Location ________________________________

Off-Campus “Away” Events
OFF Campus Trained Staff or UDCA onsite: YES ☐ NO ☐
Contact _______________________ Cell Phone _______________________
Emergency Supplies Location ________________________________

Tournaments/Special Events
Date(s) Location
Date(s) Location
Date(s) Location
Date(s) Location
Date(s) Location

Trained Staff or UDCA onsite: YES ☐ NO ☐
Contact _______________________ Cell Phone _______________________
Emergency Supplies Location ________________________________

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### Field Trip/Travel Events (List each event separately)

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Start Date (mm/dd)</th>
<th>End Date (mm/dd)</th>
<th>Location</th>
<th>Trained Staff or UDCA onsite: YES ☐ NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #2</td>
<td>Start Date (mm/dd)</td>
<td>End Date (mm/dd)</td>
<td>Location</td>
<td>Trained Staff or UDCA onsite: YES ☐ NO ☐</td>
</tr>
<tr>
<td>Event #3</td>
<td>Start Date (mm/dd)</td>
<td>End Date (mm/dd)</td>
<td>Location</td>
<td>Trained Staff or UDCA onsite: YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

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.
Activity Plan for Type 1 Diabetic Students

Student __________________ Grade _____ Year _______ Page 5 of 5

Notification Date(s)

Nurse ___________ 504 Coordinator ______________

Notes Page

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