**Virginia Diabetes Medical Management Plan (DMMP)**

**Adapted from the National Diabetes Education Program DMMP**

This plan should be completed by the student’s personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

**Student information**

|  |  |
| --- | --- |
| Student’s name: | Date of birth: |
| Date of diabetes diagnosis: | 🞎 Type 1 🞎 Type 2 🞎 Other: |
| School name: | School phone number: |
| Grade: | Homeroom teacher: |
| School nurse: | Phone: |

**Contact information**

|  |
| --- |
| **Parent/guardian 1** |
| Address: |
| Telephone: : Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: |

|  |
| --- |
| **Parent/guardian 2** |
| Address: |
| Telephone: : Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: |

|  |
| --- |
| **Student’s physician / health care provider** |
| Address: |
| Telephone: Emergency Number: |
| Email address: |
|  |

|  |
| --- |
| **Other Emergency Contact Relationship to Student:** |
| Telephone: : Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: |

**Suggested Supplies to Bring to School**

|  |  |
| --- | --- |
| * Glucose meter, testing strips, lancets, and batteries for the meter * Insulin(s), syringes, and/or insulin pen(s) and supplies * Insulin pump and supplies in case of failure: Reservoirs, sets, prep wipes, pump batteries / charging | * Treatment for low blood sugar (see page 4) * Protein containing snacks: such as granola bars * Emergency Medication Supplies * Antiseptic wipes or wet wipes * Water * Urine and/or blood ketone test strips and meter * Other medication |

**Student’s Self-care Skills**

**Blood Glucose:**

🞎 Independently checks own blood glucose

🞎 May check blood glucose with supervision

🞎 Requires school nurse or trained diabetes personnel to check blood glucose

🞎 Uses a smartphone or other monitoring technology to track blood glucose values

**Insulin Administration:**

🞎 Independently calculates / gives own injections

🞎 May calculate / give own injections with direct supervision to confirm glucose and insulin dose

🞎 Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision

🞎 Requires school nurse or trained diabetes personnel to calculate dose and give the injection

**Nutrition:**

🞎 Independently counts carbohydrates

🞎 May count carbohydrates with supervision

🞎 Requires school nurse/trained diabetes personnel to count carbohydrates

🞎 Parents’/Guardians’ discretion for **special event/party food**

🞎 Student discretion for s**pecial event/party food**

**Parents / Guardians Authorization to Adjust Insulin Dose**

|  |  |  |
| --- | --- | --- |
| Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- \_\_\_\_\_\_ units of insulin. | 🞎 Yes | 🞎 No |
| Parents/guardians are authorized to increase or decrease insulin-to carbohydrate ratio from:  \_\_\_\_ unit(s) for every \_\_\_\_\_grams of carbohydrate **to**  \_\_\_\_ unit(s) for every \_\_\_\_\_grams of carbohydrate | 🞎 Yes | 🞎 No |
| Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- \_\_\_\_\_\_ units of insulin. | 🞎 Yes | 🞎 No |

**Checking Blood Glucose**

**Target Blood Glucose:** ❑ Before Meal \_\_\_\_\_- \_\_\_\_\_ mg / dL ❑Other \_\_\_\_\_ - \_\_\_\_mg/dL

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 Before breakfast | ❑ Before lunch | 🞎 Before PE | ❑ As needed for signs/symptoms of illness |
| ❑ Before Dismissal | 🞎 Other times requested by parent/guardian:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 🞎 After PE | ❑ As needed for signs/symptoms of high/low blood glucose |

**Continuous Glucose Monitoring (CGM)**

🞎 Yes 🞎 No Brand/model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alarms set for: ❑ Severe Low: \_\_\_\_\_\_ ❑ Low: \_\_\_\_\_\_ ❑ High: \_\_\_\_\_\_

Predictive alarm: ❑ Rapid Fall: \_\_\_\_\_\_\_\_ ❑ Rapid Rise: \_\_\_\_\_\_\_\_\_

Student/School Personnel may use CGM for insulin calculation

if glucose reading between \_\_\_\_\_-\_\_\_\_\_mg/dL 🞎 Yes 🞎 No

Student/School Personnel may use CGM for hypoglycemia and hyperglycemia management 🞎 Yes 🞎 No

(Refer to Hypoglycemia and Hyperglycemia section of this document once confirmed)

**Additional information for student with CGM**

* Insulin injections should be given at least three inches away from the CGM insertion site.
* Do not disconnect from the CGM for sports activities.
* If the adhesive is peeling, reinforce it with any medical adhesive or tape the parent / guardian has provided.
* If the CGM becomes dislodged, remove, and return everything to the parents/guardian. Do not throw anything away. Check glucose by finger stick until CGM is replaced / reinserted by parent/guardian or student.
* Refer to the manufacturer’s instructions on how to use the student’s device.
* Refer to VDC’s CGM Position Statement (<https://virginiadiabetes.org/diabetes-in-schools/>)

|  |  |  |
| --- | --- | --- |
| **Student’s Self-care CGM Skills** | **Independent?** | |
| The student is able to troubleshoot alarms and alerts | 🞎 Yes | 🞎 No |
| The student is able to adjust alarms. | 🞎 Yes | 🞎 No |
| The student is able to calibrate the CGM. | 🞎 Yes | 🞎 No |
| The student is able to respond when the CGM indicates a rapid trending rise or fall in the blood glucose level. | 🞎 Yes | 🞎 No |
| School nurse or trained personnel notified if CGM alarms | 🞎 High | 🞎 Low |
| Other instructions for the school health team: | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical activity and sports**  A quick-acting source of glucose must be available at the site of physical education activities and sports.  Examples include glucose tabs, juice, glucose gel, gummies, skittles, starbursts, cake icing.  Student should eat:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Carbohydrate Amount | Before | Every 30 minutes | Every 60 minutes | After activity | Per Parent | | 15 grams | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | | 30 grams | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |   If most recent blood glucose is less than \_\_\_\_\_\_mg/dL, student can participate in physical activity when blood glucose is corrected and above \_\_\_\_\_\_\_\_\_mg/dL.  Avoid physical activity when blood glucose is greater than \_\_\_\_\_\_\_\_mg/dL  AND / OR if urine ketones are moderate to large / blood ketones are > 1.0 mmol/L  For insulin pump users: see “**Additional Information for Student with Insulin Pump”, page 7”.**   |  | | --- | | **Hypoglycemia (Low Blood Glucose)** |   **Hypoglycemia: Any blood glucose below \_\_\_\_\_ mg / dL checked by blood glucose meter or CGM.**  **Student’s usual symptoms of hypoglycemia (circled):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Hunger | Sweating | Shakiness | Paleness | Dizziness | | Confusion | Loss of coordination | Fatigue | Irritable/Anger | Crying | | Headache | Inability to concentrate | Hypoglycemia Unawareness | Passing-out | Seizure | |
| **Mild to Moderate Hypoglycemia:**  Student is exhibiting symptoms of hypoglycemia AND / OR blood glucose level is less than \_\_\_\_\_ mg/dL |
| 1. Give a fast-acting glucose product equal to **­­­­­­\_\_\_\_\_\_ grams fast-acting carbohydrate** such as:   glucose tablets, juice, glucose gel, gummies, skittles, starbursts, cake icing |
| 1. Recheck blood glucose in 15 minutes |
| 1. If blood glucose level is less than \_\_\_\_\_, repeat treatment with \_\_\_\_\_ grams of fast-acting carbohydrates. |
| 1. Consider providing a carbohydrate/protein snack once glucose returns to normal range, as per parent/guardian. |
| 1. **Additional Treatment:** |
|  |
| **Severe Hypoglycemia:**  Student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement) |
| 1. Position the student on his or her side to prevent choking |
| 1. Administer emergency medication.  |  |  |  | | --- | --- | --- | | **Injectable Route** (Glucagon, Glucagen, Gvoke) | **OR** | **Nasal route (Baqsimi)** | | Dose: 🞎 1 mg 🞎 0.5 mg |  | Dose: 🞎 3 mg (Baqsimi brand) | | Route: 🞎 Subcutaneous (SC) 🞎 Intramuscular (IM) |  | Route: 🞎 Intranasal (IN Baqsimi brand) | | Site: 🞎 Buttocks 🞎 Arm 🞎 Thigh  🞎 Lower Abdomen |  | Site: 🞎 Nose (Baqsimi brand only) | |
| 1. **Call 911** (Emergency Medical Services)  * AND the student’s parents / guardians. * AND the health care provider. |
| 1. **If on INSULIN PUMP**, Stop insulin pump by any of the following methods:  * Place pump in “suspend” or “stop mode” (See manufacturer’s instructions) * Disconnect pump at site   **ALWAYS** send pump with EMS to hospital |

|  |
| --- |
| **Hyperglycemia (High Blood Glucose)** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hyperglycemia: Any blood glucose above ­­­­\_\_\_\_\_\_ mg/dL checked by blood glucose meter or CGM.**    **Student’s usual symptoms of hyperglycemia (circled):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Extreme thirst | Frequent urination | Blurry Vision | Hunger | Headache | | Nausea | Hyperactivity | Irritable | Dizziness | Stomach ache |   **Insulin Correction Dose**  For blood glucose greater than \_\_\_\_\_\_\_mg/dL AND at least \_\_\_\_\_ hours since last insulin dose, give correction dose of insulin (see correction dose orders, refer to page 6).  Recheck blood glucose in \_\_\_\_\_\_\_ hours  Notify parents/guardians if blood glucose is over \_\_\_\_\_\_\_\_\_ mg/dL.  For insulin pump users: see “**Additional Information for Student with Insulin Pump”, refer to page 7”.**  **Ketones**  Check 🞎 Urine for ketones OR 🞎 Blood for ketones:  If blood glucose is above \_\_\_\_ mg/ dL, two times in a row, at least one hour apart  AND / OR when student complains of nausea, vomiting or abdominal pain,  Give \_\_\_\_ounces of water and allow unrestricted access to the bathroom |
| **If urine ketones are negative to small OR blood ketones < 0.6 - 1.0 mmol/L:** |
| 1. If insulin has not been administered within \_\_\_\_ hours, provide correction insulin according to student’s correction factor and target pre-meal blood glucose (refer to page 6) |
| 1. Return student to his / her classroom |
| 1. Recheck blood glucose and ketones in \_\_\_\_ hours after administering insulin |
|  |
| **If urine ketones are moderate to large OR blood ketones > 1.0 mmol/L:** |
| 1. Do NOT allow student to participate in exercise |
| 1. Call parent / guardian, If unable to reach parent / guardian, call health care provider |
| 1. If insulin has not been administered within \_\_\_\_ hours, provide correction insulin according to student’s correction factor and target blood glucose. (refer to page 6) |
| 1. **IF ON INSULIN PUMP:** See “**Additional Information for Student with Insulin Pump”, refer to page 7** |
|  |
| **HYPERGLYCEMIA EMERGENCY**  **Presence of ketones associated with the following symptoms Call 911** |
| |  |  |  | | --- | --- | --- | | Chest pain | Nausea and vomiting | Severe abdominal pain | | Heavy breathing or shortness of breath | Increasing sleepiness or lethargy | Depressed level of consciousness | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Insulin therapy ❑** Insulin pen or Syringe ❑ Insulin pump (**refer to page 7)**  **❑** **Adjustable Bolus Insulin Therapy** ❑ **Fixed Insulin Therapy** ❑ **Long-Acting Insulin Therapy** |      |  | | --- | | **❑** **Adjustable Bolus Insulin Therapy:**  Apidra (glulisine), Novolog (aspart), Humalog (lispro), Fiasp (aspart), Admelog (lispro). Brands are interchangeable. |  |  |  |  |  | | --- | --- | --- | --- | | **When to give insulin:** | **INSULIN to CARBOHYDRATE**  **+** | **INSULIN to CARBOHYDRATE Only** | **Correction only** | | **Correction** | | ***Breakfast*** | **❑** | **❑** | **❑** | | ***Lunch*** | **❑** | **❑** | **❑** | | ***Snack AM*** | **❑** | **❑** | **❑** | | ***Snack PM*** | **❑** | **❑** | **❑** |  |  | | --- | | **❑ INSULIN to CARBOHYDRATE Dose Calculation** | | ***Total Grams of Carbohydrate to Be Eaten***  ***“B” Insulin-to-Carbohydrate Ratio***  X “**A” Units of Insulin**  **=** \_\_\_\_\_ ***Units of Insulin*** |      |  |  |  | | --- | --- | --- | |  | ***“A” Units of Insulin*** | ***“B” Insulin-to-Carbohydrate Ratio*** | | **❑ *Breakfast*** | \_\_\_\_\_\_\_\_\_ unit of insulin | Per \_\_\_\_\_\_ gm of carbohydrate | | **❑ *Lunch*** | \_\_\_\_\_\_\_\_\_ unit of insulin | Per \_\_\_\_\_\_ gm of carbohydrate | | **❑ *Snack AM*** | \_\_\_\_\_\_\_\_\_ unit of insulin | Per \_\_\_\_\_\_ gm of carbohydrate | | **❑ *Snack PM*** | \_\_\_\_\_\_\_\_\_ unit of insulin | Per \_\_\_\_\_\_ gm of carbohydrate |  |  |  |  |  | | --- | --- | --- | --- | | **❑ CORRECTION Dose Calculation (For Elevated blood sugar and > 3 hours since last insulin dose)** | | |  | | ***Current Blood Glucose − “C” Target Blood Glucose***  = \_\_\_ ***Units***  ***of Insulin***  ***“D” Correction Factor***  X “**E” Units of insulin** | | | | ***“C” Target Blood Glucose*** | ***“D” Correction Factor*** | ***“E” Units of insulin*** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **❑** 0.5 unit  **❑** 1.0 unit |   **OR**   |  |  | | --- | --- | | **❑ CORRECTION Dose Scale ((For Elevated blood sugar and > 3 hours since last insulin dose. Use instead of calculation above to determine insulin correction dose)** | | | **Blood Glucose** | **Insulin Dose** | | \_\_\_\_\_ to \_\_\_\_\_ mg/dL | give \_\_\_\_\_ units | | \_\_\_\_\_ to \_\_\_\_\_ mg/dL | give \_\_\_\_\_ units | | \_\_\_\_\_ to \_\_\_\_\_ mg/dL | give \_\_\_\_\_ units | | \_\_\_\_\_ to \_\_\_\_\_ mg/dL | give \_\_\_\_\_ units | |  | | | ❑ **Fixed Insulin Therapy**  Name of insulin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 \_\_\_\_\_ Units of insulin given pre-breakfast daily 🞎 \_\_\_\_\_ Units of insulin given pre-lunch daily  🞎 \_\_\_\_\_ Units of insulin given pre-snack daily 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  | | --- | --- | --- | | ❑ **Long-Acting Insulin Therapy**  Name of Insulin (Circle):Lantus Basaglar Levemir Tresiba (u100/u200) Toujeo (u300)  To be given during school hours: Pre-breakfast dose: \_\_\_\_\_\_units  Pre-lunch dose: \_\_\_\_\_\_units  Pre-dinner dose: \_\_\_\_\_\_units   |  | | --- | | **🞎 Other Diabetes Medications:** |   **❑** Name: \_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ Dose: \_\_\_\_\_\_ Route: \_\_\_\_\_\_\_ Times given: \_\_\_\_\_\_\_\_\_  **❑** Name: \_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ Dose: \_\_\_\_\_\_ Route: \_\_\_\_\_\_\_ Times given: \_\_\_\_\_\_\_\_\_  **❑** Name: \_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_ Dose: \_\_\_\_\_\_ Route: \_\_\_\_\_\_\_ Times given: \_\_\_\_\_\_\_\_\_   |  | | --- | | **Disaster Plan/Extended Day Field Trips -** To prepare for an unplanned disaster or emergency (72 hours): |   **❑** Obtain emergency supply kit from parents/guardians.  **❑** Continue to follow orders contained in this DMMP.  ❑ Additional insulin orders as follows (e.g., dinner and nighttime doses): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Additional Information for Students with Insulin Pumps**

Brand / model of pump: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Refer to attached pump settings provided by parent/guardian or healthcare provider

🞎 Other pump instructions: *Medtronic 530G, 630G, 670G, or TSlim X2 with Basal IQ may be enabled with the hypoglycemia automatic insulin suspend (stopped for up to 2 hours)*

🞎 Medtronic 670G and TSlim X2 Control IQ pump utilizes advanced hybrid closed loop technology to adjust insulin delivery to help prevent highs and lows, while still allowing the user to manually bolus for meals.

**Hyperglycemia Management:**

🞎 If Blood glucose greater than \_\_\_\_\_\_mg/dL that has not decreased within \_\_\_\_\_\_hours after correction and / or if student has moderate to large ketones. Notify parents/ guardians

🞎 For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen using insulin dosing prescribed on page 6

🞎 For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen using insulin dosing prescribed on page 6

|  |  |
| --- | --- |
| **Adjustments for Physical Activity Using Insulin Pump** | |
| May disconnect from pump for sports activities: 🞎 Yes, for \_\_\_\_\_\_ hours | 🞎 No |
| Set temporary basal rate: 🞎 Yes, \_\_\_\_% temporary basal for \_\_\_ hours | 🞎 No |
| Suspend pump use: 🞎 Yes, for \_\_\_\_\_ hours | 🞎 No |
| Temp Target (specific to Medtronic): 150 mg/dL 🞎 Yes, for \_\_\_\_\_\_ hours | 🞎 No |
| Exercise Activity use (specific to TSlim X2 with Control IQ): 🞎 Yes | 🞎 No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Self-care Pump Skills** | | **Independent?** | |
| Administers carbohydrate and correction bolus | 🞎 Yes | 🞎 No |
| Calculates and sets temporary basal rate | 🞎 Yes | 🞎 No |
| Changes batteries | 🞎 Yes | 🞎 No |
| Disconnects and reconnects pump to infusion set | 🞎 Yes | 🞎 No |
| Prepares reservoir, pod, and/or tubing | 🞎 Yes | 🞎 No |
| Inserts infusion set | 🞎 Yes | 🞎 No |
| Troubleshoots alarms and malfunctions | 🞎 Yes | 🞎 No |

**Authorization to Treat and Administer Medication in the School Setting**

**as Required by Virginia Law**

This Diabetes Medical Management Plan has been approved by the undersigned Health Care Provider.

It further authorizes schools to treat and administer medication as indicated by this plan and required by Virginia Law.

**Providers:**

My signature below provides authorization for the Virginia Diabetes Medical Management Plan contained herein. I understand that all treatments and procedures may be performed by the student, the school nurse, unlicensed trained designated school personnel, as allowed by school policy, state law or emergency services as outlined in this plan. I give permission to the school nurse and designated school personnel who have been trained to perform and carry out the diabetes care tasks for the student as outlined in the student’s Diabetes Medical Management Plan as ordered by the prescribing health care provider (Code of Virginia § 22.1-274).

**Parents:**

I also consent to the release of information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my student and who may need to know this information to maintain my student’s health and safety. I also give permission to the school nurse or another qualified health care professional to contact my student’s diabetes health care providers.

I give permission to the student to carry with him/her and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and to self-check his/her own blood glucose levels on a school bus, on school property, and at a school-sponsored activity (Code of Virginia §22.1-274.01:1).

*Parent authorization for student to self-administer insulin* 🞏 YES 🞏 NO

SELF-CARRY

*Parent authorization for student to self-monitor blood glucose* 🞏 YES 🞏 NO

*Prescriber authorization for student to self-administer insulin*  🞏 YES 🞏 NO

*Prescriber authorization for student to self-monitor blood glucose* 🞏 YES 🞏 NO

**\*For self-carry: Provider and Parent must both agree to the statements above per (**Code of Virginia §22.1-274.01:1)

|  |  |
| --- | --- |
| Parent / Guardian Name / Signature: | Date: |
| School representative Name / Signature: | Date: |
| Student’s Physician / Health Care Provider Name / Signature: | Date: |

**References:**

* https://www.virginiadiabetes.org/content.aspx?page\_id=22&club\_id=947464&module\_id=327026
* http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/medforms/GuidanceDocumentMDiabetesMedicalManagePlanHCPOF.pdf
* http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/state-laws-and-policies.html
* http://www.diabetes.org/dmmp
* A 504 Plan is separate from a DMMP form. See http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/section-504.html or <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/section-504-plan.html>
* VDC’s CGM Position Statement (<https://virginiadiabetes.org/diabetes-in-schools/>)