

Arlington-Mansfield Area YMCA
Authorization for Care of Children with Insulin-Dependent Diabetes and
Diabetes Medical Management Plan (DMMP)

This plan should be completed by the participant's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant Arlington-Mansfield Area YMCA staff and copies should be kept in a place that can be accessed easily by the authorized YMCA personnel.

Parent(s)/guardian(s) must provide the following:

1. A signed copy of the DMMP form or similar. This form must be filled out completely by the child's doctor and parent(s)/guardian(s), and must be updated each time the child enrolls in a YMCA program. The form is designed to provide YMCA with information necessary to ensure proper management of the child's diabetes and quick and effective response to emergencies.
2. All equipment and specialty foods needed for testing or treatment. The parent(s)/guardian(s) is responsible for the maintenance of materials and equipment, including ensuring that the blood glucose meter is in good working order. YMCA is not responsible for damage or loss of equipment or specialty foods.
3. A signed copy of YMCA's "Release and Waiver of Liability for Testing of Children with Diabetes." This form releases the YMCA and its employees from liability for exercising the actions outlined in this plan, provided YMCA exercises reasonable care in following the doctor's and parent(s)/guardian(s) instructions.

Date of Plan: _____ This plan is valid for the following dates: _____ - _____

Participant's Name: _____ Date of Birth: _____

Date of Diabetes Diagnosis: _____ type 1 type 2 Other _____

YMCA Location: _____ YMCA Phone Number: _____

Age of Participant: _____ School Grade of Participant: _____

CONTACT INFORMATION

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

Participant's Physician/Health Care Provider: _____

Address: _____

Telephone: _____

Email Address: _____ Emergency Number _____

Other Emergency Contacts:

Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

MEAL/SNACK CONSIDERATIONS

- Meals and snacks shall be provided by the parent/guardian
- Child may have standard meals and snacks provided by the YMCA

PHYSICAL ACTIVITY AND SPORTS

- A quick-acting source of glucose must be available at the site of recreational activities and sports
- Child should eat before activity every 30 minutes during activity after vigorous physical activity
- Other _____

Avoid physical activity if: _____

CHECKING BLOOD GLUCOSE

Target range of blood glucose: 70-130 mg/dL 70-180 mg/dL

Other: _____

Check blood glucose level: Before lunch

Other _____

As needed for signs/symptoms of low or high blood glucose

As needed for signs/symptoms of illness

Preferred site of testing: Fingertip Forearm Thigh Other: _____

Brand/Model of blood glucose meter: _____

Participant's self-care blood glucose checking skills:

Independently checks own blood glucose

May check blood glucose with supervision

Continuous Glucose Monitor (CGM): Yes No

Brand/Model: _____ Alarms set for: (low) and (high)

*Note: Confirm CGM results with blood glucose meter check before taking action on sensor blood glucose level. If participant has symptoms or signs of hypoglycemia, check fingertip blood glucose level regardless of CGM.

HYPOGLYCEMIA TREATMENT

Participant's usual symptoms of hypoglycemia (list below):

If exhibiting symptoms of hypoglycemia the following treatment should be followed:

1. _____

2. _____

3. If the participant is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movements) the following should be followed:

- Glucagon: 1 mg ½ mg Route: SC IM

- Site for Glucagon injection: arm thigh Other: _____
- Call 911 (Emergency Medical Services) and the participant's parents/guardian.
- Contact participant's health care provider if participant's parent/guardian is unavailable.

HYPERGLYCEMIA TREATMENT

Participant's usual symptoms of hyperglycemia (list below:

If exhibiting symptoms of hyperglycemia the following treatment should be followed:

1. _____
2. _____
3. If the participant has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: Call 911 (Emergency Medical Services) and the participant's parents/guardian. Contact participant's health care provider if participant's parent/guardian is unavailable.

INSULIN THERAPY

Insulin deliver device: syringe insulin pen insulin pump

Provide details of insulin therapy and schedule:

Participant's self-care insulin administration skills:

Yes No Independently calculates and gives own injections

Yes No May calculate/give own injections with supervision

Other _____

ADDITIONAL INFORMATION FOR PARTICIPANT WITH INSULIN PUMP

Brand/Model of pump: _____ Type of Insulin in pump: _____

Other information regarding pump usage:

OTHER DIABETES INFORMATION

Instructions for when food is provided to the group (e.g., as a special event): _____

Special event food permitted: Parents/guardians discretion
 Participant discretion

SIGNATURES

This Diabetes Medical Management Plan has been approved by:

Participant's Physician/Health Care Provider Date

I, (parent/guardian): _____ give permission to the Arlington-Mansfield Area YMCA staff to perform and carry out the diabetes care tasks as outlined in (participant:) _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all YMCA staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the YMCA staff to contact my child's physician/health care provider.

Acknowledged and received by:

Participant's Parent/Guardian Date

Participant's Parent/Guardian Date

This DMMP must be reviewed and accepted by YMCA leadership staff prior to the child's first day of participation in the program.