

TYPE 2 DIABETES MANAGEMENT PLAN: 2026 Medication (Not Insulin Injections)

SCHOOL SETTING

Use in conjunction with Diabetes Management Plan.
This plan should be reviewed every year.

As kaitiaki (carers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes¹.

Student's name:

Age:

Date:

MEDICATION ADMINISTRATION

The student requires diabetes medication at school:

Yes No

Oral medication

Injection

Lunchtime

Other _____

Medication to be given _____

Location in the school where the medication is to be given:

Is supervision required?

Yes No Remind only

Responsible staff will need training if they are required to:

Administer medication (Dose as per additional documentation provided)

Assist

Observe

RESPONSIBLE STAFF

School staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

Staff's name/s

Glucose
Checking Medication
Administration
Supervision

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL SETTING

A Medical Authority Form may be required if school staff are to administer/ supervise medication.

Medication Authority Form

Yes No

BEFORE/ AFTER SCHOOL CARE

Before / after school care may be provided by the school, or an outside organisation. Parent / carer to obtain and complete the relevant documentation from this setting, authorising staff to administer / supervise medication administration to their child.



Student's name: _____

GLUCOSE LEVEL (GL) CHECKING

Is a glucose level check required at school?

Yes (See information below) No

Target range for glucose levels pre-meals: 4.0 - 7.0 mmol/L.

- **Glucose levels outside this target range are common.**
- A glucose check should occur where the student is at the time it is required.
- Before doing a glucose check the student should wash and dry their hands.

Is the student able to do their own glucose level check? Yes No (Support is required)

The responsible staff member needs to Do the check Assist Observe Remind

Glucose Levels (GLs) to be checked (tick all those that apply)

Before snack Before lunch Before activity

Before exams/tests When feeling unwell Beginning of after - school care session

Other times – please specify:

**The student may use a Continuous Glucose Monitoring (CGM) Device.
These are not routinely funded for type 2 diabetes.**

HIGH GLUCOSE LEVELS

(Hyperglycaemia / hyper)

- Although not ideal, GLs above target range are common.
- If GL is 15.0 mmol/L or more, follow the student's Diabetes Action Plan.
- If the student is experiencing patterns of high GL at school, make sure the parent/carer is aware.

EATING AND DRINKING

- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

SCHOOL CAMPS

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- Checklists for whānau and school are available here.
- A separate and specific Camp Diabetes Management Plan is required.

EXAMS

- GL should be checked before an exam.
- Blood glucose monitor, blood glucose strips and water should be available in the exam setting.
- Extra time will be required for toilet privileges or student unwell.

APPLICATIONS FOR SPECIAL CONSIDERATION

Students with diabetes mellitus are eligible to apply to NZQA for "Special Assessment Conditions" (SAC) on medical grounds. Students must complete a "Student application for entitlement to special assessment conditions". This form can be downloaded from the New Zealand Qualification Authority (NZQA) website.

The application should be lodged at the beginning of Year 11 and 12.

For more information on the Special Assessment Conditions process please go to www.nzqa.govt.nz/

If using CGM, student may need access to their cell phone to monitor the Glucose levels

EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Sharps container

AGREEMENTS

PARENT/CARER

I have read, understood and agree with this plan.

I give consent to the school to communicate with the Diabetes Treating Team about my student's diabetes management at school.

First name

Family name

Signature

Date

SCHOOL REPRESENTATIVE

I have read, understood and agree with this plan.

First name

Family name

Role

Principal

Supervisor

Other (please specify)

Signature

Date

This document has been developed by Specialist Diabetes Clinicians.

If you have concerns please contact the child's diabetes treating team.