

**Nutrition Services**

# **Diabetes Packet**

**Meeting Special Dietary needs of  
Children with Diabetes**

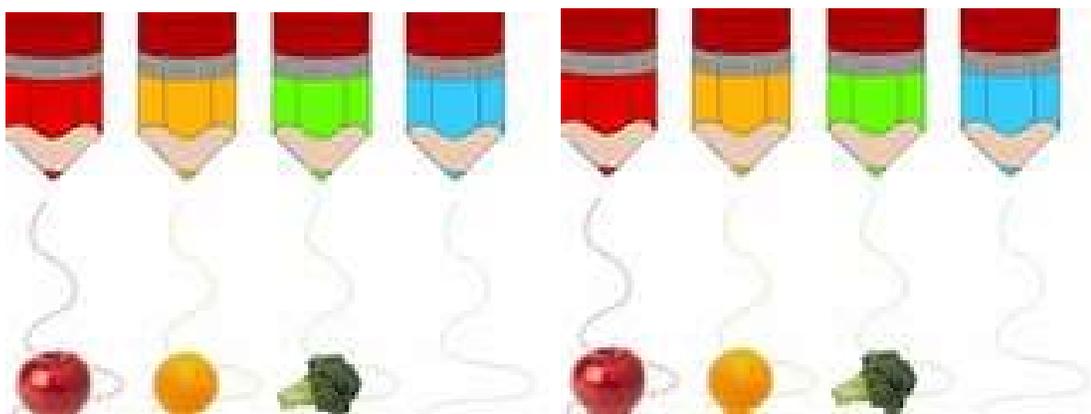


**NEBRASKA**  
*DEPARTMENT OF*  
**EDUCATION**

## Diabetes Information Packet

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*Special thanks to Kathy Karsting and Kathy Goddard for reviewing the content of this packet.*



## School Responsibilities under Federal Law

Diabetes is one of the most common chronic diseases of childhood. There are about 125,000 individuals under the age of 19 years with diabetes in the United States<sup>1</sup>. Since this age group is what makes up most schools' population, it is important to provide students with diabetes with a safe school environment. Your role as the food service manager will be an important one since the treatment for diabetes includes controlling food intake, activity, and medication. It will be important to work with parents, the student, principal, and school nurse (if available) in creating a Health Care Team (see Figure 1). Members of this team need to create an individualized healthcare plan (IHP) that will allow the student to participate fully and safely in the school experience.



### Diabetes and the Laws

Schools participating in the United States Department of Agriculture (USDA) school nutrition programs are required to provide special diet modifications to students whose disability restricts their diet. This requirement is based on Section 504 of the Rehabilitation Act of 1973, USDA Food and Nutrition Service (FNS) implementing instructions and 7 CFR Part 15b.3 (Appendix A). Under these laws, diabetes has been considered a disability with proper supporting documents from a **licensed physician**. Any school that receives federal funding must reasonably accommodate the special needs of children with diabetes. These accommodations should be provided within the child's usual school setting with as little disruption to the school's and the child's routine activities.

### Medical Statement

The school food service should not modify any student's meal without clear, written documentation from a **licensed physician**. Under no circumstances should food service staff revise, change or interpret a physician's diet order. Parents have an option to authorize (in writing) the food service manager to contact the referring physician for clarification of the diet order. Parents must complete the last page of the Medical Statement form (Appendix D) in order for sharing of health information to occur. If this form is not completed, any health information related to the student must be obtained through the parents. It is recommended that parents submit a medical statement each year or whenever the student's condition changes. Parent's notes or telephone calls are not adequate documentation. Schools are not required to make food substitutions based on family or child food preferences/choices.

A suggested medical statement containing all required information can be found in Appendix D. Only **licensed physicians** may sign the medical statement for students with disabilities. It or similar documentation must be kept on file for all students with disabilities receiving any special diet modifications. In most cases a short note from a physician on a prescription pad does not contain the required information. Required information includes:

1. Identification of the child's disability
2. An explanation of why the disability restricts the child's diet
3. The major life activity (Table 1.) affected by the disability and
4. The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Table 1. Definition of "Major Life Activities"	
• <i>Caring for one's self</i>	• <i>Performing manual tasks</i>
• <i>Walking</i>	• <i>Seeing</i>
• <i>Hearing</i>	• <i>Speaking</i>
• <i>Breathing</i>	• <i>Learning</i>
• <i>Working</i>	

Special diet modifications include the following:

1. A student's diet requires changing the portion size of any menu item
2. Food component(s) required for reimbursable meal must be omitted from the student's diet
3. Substitution of any food(s) required
4. Substitution of any food(s) requested, and will be offered by the school.

If special diet modifications are part of an Individualized Education Program, the school is required to comply with those modifications. Schools may not add any extra charge to the families.

**The medical statement allows the student's meal to be claimed for reimbursement even when it does not meet program requirements.**

**Figure 1. Potential School Health Team Participants**

- Parents/Guardians
- Student
- School nurse
- School principal/administrator
- Current classroom teachers
- Past year classroom teachers
- Office staff
- **FOOD SERVICE MANAGER**
- Physical education teacher
- Coaches
- School counselor or social worker
- Bus Driver
- Other staff with direct responsibility for the child
- Members of the health care team, if available and invited by parents/guardians



## Role of Food Service Personnel

School food service managers are not normally trained in special diet modifications. However, the more you know about the care and meal planning of a student with diabetes, the better you will be able to serve the student. The food service department's responsibility ends with providing the appropriate foods for meals. Schools are not required to prepare separate meals for every student with a special diet modification. The school can provide reasonable options for parents and students depending upon the special dietary need. Food service staff is not required to and do not generally assist with or supervise the eating of the food. They are not to force students to eat.

Diabetes care is a 24-hour-per-day job and the time students spend in school is no exception. Communication between the members of the student's Health Care Team and parents is critical. Students with special diet modification should be allowed the maximum freedom possible within the restrictions of their diet to choose from foods available. Most students do not want to be singled out for special meals that make them "different" from the other students. Older students who have had diabetes for some time can usually select meals from food provided, and parents may choose to not submit a request for diet modification. Younger or newly diagnosed students may need more carefully controlled diets. Snacks may be included in the meal plan, however these are not provided by the school. Snacks are generally provided by the parent and may be eaten under the supervision of a nurse/teacher.

Managing special diets is easier in those schools that offer choices of entrees and fruit/vegetables to all students and/or use the Offer versus Serve option. Providing parents with an advance copy of the menu and some information about what is in menu items (See "Processed Commodity Items: Meal Pattern Contribution Chart" Appendix E & F) may help them assist their student to select his/her own meals. The Medical Statement lists those foods that need to be omitted and also substitutions for foods within the student's diet.

It is recommended that schools develop written policies on handling requests for special diet modifications for both students with and without disabilities. School nurses and other staff should be consulted and all staff should be made aware of such policies. These policies should ensure that all student's are treated the same. The policies should also be made available to all parents/guardians as needed and should contain the Nutrition Services' recommended Medical Statement form.

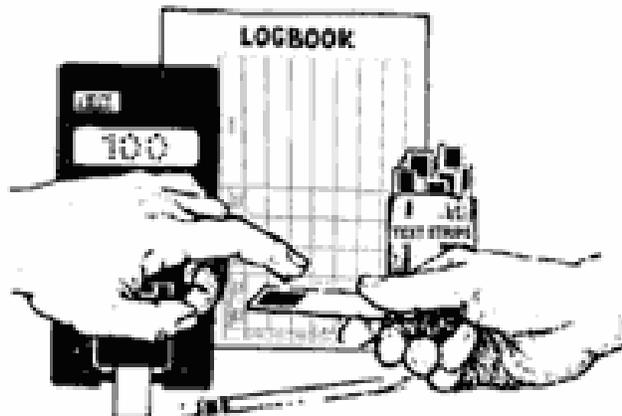


### Suggested Actions for the Food Service Manager

1. Respect the student's confidentiality and right to privacy.
2. Attend planning meetings for the student with diabetes. Sometimes planning meetings may be set up by the student's Individualized Education Plan (IEP) team; sometimes staff training events may be organized by the school nurse and/or parent.
3. Obtain a copy of the student's written meal plan from the Medical Statement.
4. Provide a lunch menu and lunch schedule in advance to parents along with the nutrition content of menu selections, including grams of carbohydrate and fat.
5. Learn about the various kinds of diabetes meal and snack plans. Become familiar with which type of meal plan the student follows and their ability to select their own foods (See Fig. 2.)
6. Obtain a copy of the student's Emergency Action Plan (Appendix E & F) for diabetes or identify who to call if the student becomes symptomatic in the lunchroom. This information will be available from the health office. In large schools, it may be permissible and appropriate to post a picture of the student with diabetes in the kitchen (not visible to the general population of students) in order to facilitate recognition of the student with diabetes in the event of emergency.
7. Recognize that eating meals and snacks on time is a critical component of diabetes management. Failure to eat lunch on time could result in low blood glucose, especially if a student has missed a morning snack or has had a physically active morning at school.
  - a. Ensure that the student has timely access to food and sufficient time to finish.
  - b. Identify from the student's individualized health plan who should be notified if the student refuses food.
8. Increase your awareness of and be prepared to recognize and respond to the signs and symptoms of hypoglycemia and hyperglycemia. Review instructions and expected actions on the student's IHP. Consult with school nurse or parent if you have questions.
  - a. Understand and be aware that hypoglycemia can occur before lunch.
  - b. Recognize that a student's behavior change could be a symptom of blood glucose changes.
  - c. Know where supplies to treat hypoglycemia are kept.
  - d. Never leave the child alone or allow them to leave the area unaccompanied if you suspect hypo/hyperglycemia.
9. Communicate with school health nurse, other trained diabetes personnel at school, or parents regarding any concerns about the student.



*\*Adopted from "Helping the Student with Diabetes Succeed"  
<http://www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97> retrieved on 8/9/2010*



## Diabetes Basics

### What is diabetes?

Diabetes is a disease in which the body is unable to properly use and store glucose (a form of sugar). Glucose builds up in the bloodstream — causing the blood glucose or blood sugar to rise too high.

There are two major types of diabetes. In type 1 diabetes, the body does not produce any insulin, a hormone that enables the body to use glucose found in foods for energy. People with type 1 diabetes must take daily insulin injections to survive. This form of diabetes usually develops in children or young adults, but can occur at any age. Type 2 diabetes results when the body doesn't produce enough insulin and/or is not able to use insulin properly (insulin resistance). This form of diabetes usually occurs in people who are over 40, overweight, and have a family history of diabetes. Today type 2 is increasingly occurring in younger people, particularly adolescents.

### How do people know if they have diabetes?

People with diabetes frequently experience certain symptoms. These include:

- being very thirsty
- frequent urination
- weight loss
- increased hunger
- blurry vision
- irritability
- tingling or numbness in the hands or feet
- frequent skin, bladder or gum infections
- wounds that don't heal
- extreme unexplained fatigue



### Who gets diabetes?

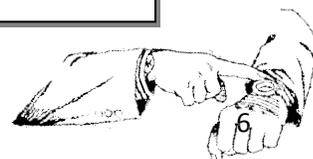
Diabetes can occur in anyone. However, people who have close relatives with the disease are somewhat more likely to develop diabetes. Other risk factors include obesity, high cholesterol, high blood pressure, and physical inactivity. The risk of developing diabetes also increases as people grow older. People who are over 40 and overweight are more likely to develop diabetes, although the incidence of type 2 diabetes in adolescents is growing. Diabetes is more common among Native Americans, African Americans, Hispanic Americans and Asian Americans/Pacific Islanders. Also, people who develop diabetes while pregnant (gestational diabetes) are more likely to develop full-blown diabetes later in life.

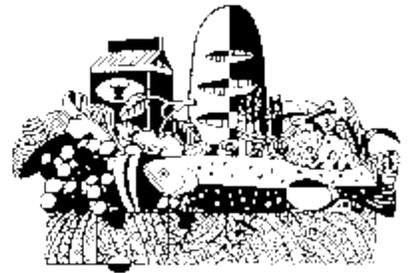
### How is diabetes treated?

There are certain things that everyone who has diabetes, whether type 1 or type 2, needs to do to be healthy. They need to have a meal plan. They also need to pay attention to how much physical activity they engage in, because physical activity can help the body use insulin better so it can convert glucose into energy for cells. Everyone with type 1 diabetes needs to take insulin injections. People with type 2 diabetes may be able to manage their condition with oral medications. Timing of meals and snacks coordinate with peak actions times of the student's medication routine.



**It is extremely important for the student to eat at scheduled times and consume the prescribed amount of carbohydrate to maintain control of their blood sugars throughout the day.**





## Meal Planning

There are no forbidden foods for people with diabetes. Foods that contain carbohydrate (carbs) raise blood glucose levels. In order for an individual with diabetes to control their blood glucose/sugar levels, they must control the amount of carbs they eat. There are 3 types of carbohydrates:

1. **Starches** (complex carbohydrates) are found in starchy vegetables like peas, corn, lima beans, and potatoes. Lentils, dried beans and peas are also sources of starch. The last type of food that contains starch is grains. Wheat flour is the most common grain source in the United States and is found in pasta, bread, crackers, etc. Grains can be grouped as refined or whole grain. A grain kernel contains three parts; bran, germ, and endosperm. Whole grain foods contain all three of these and have a different affect on blood glucose levels than refined grains. Whole grain foods take longer to digest and therefore, slow the release of glucose into the blood stream. The meal plan for a student with diabetes should emphasize whole grains over refined grains.
2. **Sugar** is another type of carbohydrate and is sometimes referred to as simple or fast-acting carbohydrate. Foods contain naturally occurring sugars such as those in milk and fruits. Added sugars are those that are added during processing such as fruit canned in heavy syrup or baked goods. Both types of sugar are included in the number of sugar grams on the Nutrition Facts Label. Sugar has many different names; table sugar, brown sugar, molasses, honey, beet sugar, cane sugar, turbinado, high fructose corn syrup, etc. Table sugar may also be listed by its chemical name sucrose. Fruit sugar is also known as fructose and sugar in milk is called lactose. Anything in the ingredient list that ends in "ose" is a sugar. Dextrose, maltose, glucose; are all forms of sugar.
3. **Fiber** comes from plant foods and is the indigestible part of the plant. Sources of fiber are fruits, vegetables (especially those with edible skins and seeds), whole grains (cereals, bread, and pasta), nuts, and legumes. Fiber is NOT present in animal food sources. For good health, the amount of fiber children eat each day should be equal to their age in years plus 5. So a 5 year old needs 10g of fiber each day and a 12 year old needs about 17g per day. Fiber contributes to digestive health, keeps you regular and helps the student feel full and satisfied after eating. Soluble fiber is also known to reduce cholesterol levels.



**Sugar can be part of a student with diabetes diet as long as the carb content is included in the total amount of carbohydrate allowed for the meal or day. However, to insure a healthy diet, sweets should be saved as an occasional treat.**

The student's meal plan is designed to balance their nutritional needs with their insulin regimen and physical activity. Typically two types of meal plans are utilized; carbohydrate counting or exchange system. Check the Medical Statement to determine which meal plan the student follows.

## Carbohydrate Counting

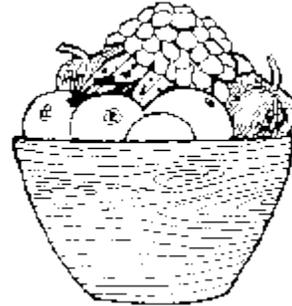
Carb counting involves calculating the number of grams of carbohydrate or the number of carb choices the student can eat. This amount is determined by their physician and should be indicated on the Medical Statement. Once the amount of carbohydrate per meal is known, the appropriate foods and portion size is selected. Non-starchy vegetables such as green beans, tomatoes, lettuce, carrots, etc. contain carbohydrate; however they are generally very low in carbs and are not counted as a carb choice unless more than 1.5 cups is consumed.

**A carb choice is defined as the portion of food that equals  
15 grams of carbohydrate**

Reading food labels is the most accurate way of knowing how much carbohydrate is in a food. Keeping general serving sizes in mind will also help to estimate how much carbohydrate is in foods.

For example there is about 15 grams of carbohydrate in:

- A small piece of fresh fruit
- ½ cup canned or frozen fruits
- 1 slice of bread (1 oz) or a 6" tortilla
- ½ cup oatmeal
- 1/3 cup pasta or rice
- ½ hamburger bun, hot dog bun, or English muffin
- ½ cup ice cream or sherbet
- 4 – 6 saltine crackers (check label for other types of crackers)
- ¼ of a large potato
- 1 cup of soup



Using a food label makes carb counting much easier if they are available. The two most important lines are the serving size and the total carbohydrate amount. The information on the food label is based on the serving size listed. If the student eats a larger serving, the amounts need to increase accordingly. The grams of carbohydrate include sugar, starch, and fiber. Know the amount of carb the student can eat and figure out the portion size to match.

<b>Nutrition Facts</b>	
Serving Size 1 cup (228g)	
Servings Per Container 2	
<b>Amount Per Serving</b>	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 1.5g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:	
	Calories: 2,000    2,500
Total Fat	Less than 65g    80g
Sat Fat	Less than 20g    25g
Cholesterol	Less than 300mg    300mg
Sodium	Less than 2,400mg    2,400mg
Total Carbohydrate	300g    375g
Dietary Fiber	25g    30g

### Test Your Knowledge

1.	What is the serving size of this food?
2.	How many carb choices would <u>one</u> serving of this food contain?
3.	If the student was served <u>1 ½ cups</u> of this food; how many carb choices would that serving size contain?

The number of carbohydrates you serve the student will be dependent on the information provided in the Medical Statement. Depending on the student's age; they may or may not be able to select the correct number of carb choices. This is a good topic to discuss during the student's IEP meeting.

Answers to "Test Your Knowledge" 1. One cup 2. Two Carb Choices 3. Three Carb Choices

## Internet Resources for Foods Commonly Served in Nebraska Schools

1. Processed Commodity Items 2010-2011
  - a. <http://www.education.ne.gov/ns/forms/nslpforms/CommChart2011.pdf>
2. Processed Commodity Items 2009-2010
  - a. <http://www.education.ne.gov/ns/adobe/CommChart.pdf>
3. Omaha Public Schools Nutrient Lists
  - a. For Carbohydrate
    - i. <http://www.ops.org/district/CENTRALOFFICES/BusinessServices/NutritionServices/CarbohydrateList/tabid/331/Default.aspx>
  - b. General Nutrition Information (includes grams of carbohydrate)
    - i. <http://www.ops.org/district/CENTRALOFFICES/BusinessServices/NutritionServices/NutritionInformation/tabid/337/Default.aspx>
4. Lincoln Public Schools Carb Count Menu
  - a. <http://www.lps.org/post/index.cfm?collection=119>
5. USDA National Nutrient Database for Standard Reference, Release 19
  - a. [http://www.ars.usda.gov/main/site\\_main.htm?modecode=12354500](http://www.ars.usda.gov/main/site_main.htm?modecode=12354500)
6. Web site for carbohydrates in all foods:
  - a. <http://www.lowcarbfriends.com/carbcounter.shtml>
7. School information sheet created by NE Department of Health & Human Services and JDRF
  - a. <http://www.dhhs.ne.gov/SchoolHealth/TAKINGDIABETES2SCHOOL72010.pdf>



## Exchange System

The Exchange System has foods grouped into lists of foods with similar amounts of carbohydrate, calorie, protein, and fat. Because of the similar nutrient content, foods within the same group can be exchanged or traded because they have a similar affect on blood sugar. For example one serving (exchange) of a starchy food contains about 15 g of carbohydrate, up to 3 g of protein, up to 1 g of fat, and 80 calories. If a student's diet order was 2 Starch Exchanges at Breakfast they could eat 2 slices of toast, or a whole English muffin, or one slice of toast and  $\frac{3}{4}$  cup of ready to eat cereal.

The list of exchange groups is very large and a copy of the exchange lists should be provided by the student's parents or physician. An excellent web site is available from the Mayo Clinic (<http://www.mayoclinic.com/health/diabetes-diet/DA00077>) that lists exchange lists for Starches, Fruits, Milk & Yogurt, Sweets, desserts & other carbohydrates, Non-starch vegetables, Meat & meat substitutes, and Free foods.

The Medical Statement will indicate the number of each "exchange" the student can have per meal and snack. A breakfast for a student might be described as: 2 Starch; 1 Fruit; 1 Meat; 1 fat; and 1 Milk. The student would then select foods listed within each of these groups and the indicated portion size for their breakfast. Possible combinations are listed on the following table:

**Sample Breakfasts**

<b>Breakfast</b>	<b>2 Starch</b>	<b>1 Fruit</b>	<b>1 Meat</b>	<b>1 Fat</b>	<b>1 Milk</b>
<b>Option #1</b>	One piece whole wheat toast & 1 oz Cereal	$\frac{1}{2}$ large Banana	1 Tbsp Peanut butter	(Peanut butter is considered a high fat choice)	1 cup skim milk
<b>Option #2</b>	Breakfast Sandwich (whole wheat english muffin)	Small Orange	1 Egg (for sandwich)	1 tsp margarine	6z Low Fat Yogurt
<b>Option #3</b>	Wheat Bagel	$\frac{1}{2}$ cup sliced peaches in juice	1 oz String Cheese	1 $\frac{1}{2}$ Tbsp Light Cream Cheese	1 cup fat free chocolate milk

The exchange systems allows for considerable freedom to select foods. The involvement of the food service team members will be dependent upon the student's ability to self-select foods. As the student matures and moves to higher grade levels, they will most likely be able to select foods without much prompting from food servers. Younger children (PreK – 2<sup>nd</sup>) may need more guidance on the foods and amounts of food they select. Using 4 oz spoodles, ladles, and other standard serving utensils will assist the student in selecting properly. Another option would be to have pre-portioned items ready for the student when they come through the serving line.



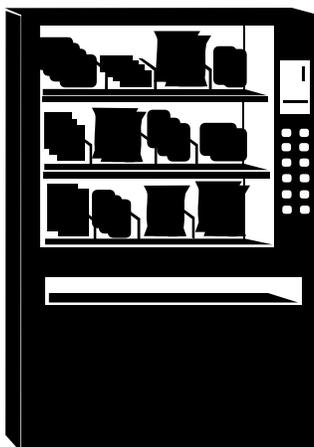
## SNACKS

Most dietary recommendations for people with diabetes include eating 3 small meals and 2 to 3 snacks per day. Snacks help to provide a steady source of carbohydrate throughout the day and are planned according to the type and amount of insulin the student is using.

Schools **are not required** to provide snacks to students with diabetes.

Snacks should be supplied by parents and stored in a designated place in the event the student would experience hypoglycemia (low blood sugar). Hypoglycemia will be discussed in another section of this packet.

The goal of effective diabetes management is to control blood glucose levels. If blood glucose levels fall too low (hypoglycemia) or too high (hyperglycemia), students need to correct this condition quickly. The following pages will discuss these conditions and what actions need to be taken.



## Hypoglycemia

Hypoglycemia is the most common event that will need attention at school. Generally, it is not an emergency situation; however this condition can be life threatening. If left untreated the student could lose consciousness and/or experience seizures. Hypoglycemia occurs if:

- The body gets too much insulin
- Meals or snacks are missed
- There is an increase in physical activity or exercise

Onset of symptoms occurs quickly and most likely at peak insulin action times such as **before lunch**. The symptoms will vary from person to person, so knowing what symptoms your student exhibits will be important. Obtaining a copy of the emergency action plan for hypoglycemia that is part of the student's IHP (Individualized Healthcare Plan) will help foodservice personnel identify and respond to the student's needs. Some signs of hypoglycemia include:

- Faintness
- Shakiness
- Muscle Cramping
- Hunger
- Nervousness
- Stomachache
- Blurred Vision
- Headache
- Fatigue
- Sweating
- Dizziness
- Weakness
- Pale Skin
- Inappropriate Actions/Behaviors
- Confusion
- Irritability
- Crankiness
- Convulsions
- Unconsciousness

Treatment for low blood sugars includes providing carbohydrate and monitoring blood sugar levels. Provide 15 grams of quick acting carbohydrate (Table 2) if low blood sugar is suspected. Some parents of young children will specify the type and amount of "carbohydrate rescue" to be provided their student if symptomatic. It is not necessary to wait for a blood sugar check before providing the student with fast-acting carbohydrates if they are experiencing signs of low blood sugar. The student can very quickly become unconscious or have seizures if low blood sugar is left untreated. Following treatment, the student's blood sugar may again fall rapidly, so continuous supervision and monitoring are necessary. A student may have orders for emergency medication given by injection for hypoglycemia (Glucagon). Notify health office immediately if student is having severe symptoms and follow the student's plan of care. Do not attempt to give the student fast-acting carbohydrates by mouth if they are unable to take food and swallow safely.

Table 2. Quick Acting Carbohydrates
½ cup of any juice
½ cup of <b>regular</b> (not diet) pop
1 cup milk
5 – 6 pieces of hard candy
1 Tbl of honey or sugar
3 or 4 glucose tablets
Glucose gel (to equal 15 g)

**CALL 911 IMMEDIATELY** If the student is unconscious or signs of distress are becoming rapidly worse.

See Appendix E. Quick Reference Emergency Plan for Hypoglycemia



## Hyperglycemia

Another condition that affects students with diabetes is high blood sugar or hyperglycemia. Factors that may have an effect on developing high blood sugars are not taking enough or missing injections of insulin, food and physical activity choices, emotional stress, certain medications or illness. Left untreated high blood sugars can lead to severe complications. Hyperglycemia is unlikely to produce sudden signs of life-threatening medical emergency, as hypoglycemia can, so **foodservice personnel are less likely to have to deal with this condition.**

Early Signs of Hyperglycemia
Frequent urination
Increased thirst
Blurred vision
Fatigue
Headache
Later Signs & Symptoms
Ketones build up in blood
Fruity-smelling breath
Nausea and vomiting
Abdominal pain
Shortness of breath
Dry mouth
Weakness
Confusion
Coma

Students experiencing high blood should:

- Follow their meal plan closely
  - Eat the recommended amounts of carbohydrates
  - Follow correct portion sizes
  - Avoid simple sugars
  
- Get physically active, walk around the gym or playground; movement helps to use up the excess glucose in the blood
  
- Monitor blood sugar frequently
  
- Take medication as instructed; follow physician’s guidelines for taking additional short-acting insulin injections to temporarily correct high blood sugar levels

**Call 911 if student develops any of the later signs and symptoms of distress!**

See Appendix F. Quick Reference Emergency Plan for Hyperglycemia



As a school foodservice manager it will be important for you to learn about diabetes and promote a supportive learning environment for the student with diabetes. Treat the student normally and help other children and staff to do the same. You will play an important role when participating in the development of the individual care plan for the student. This will help you to gain an understanding of your role and the role of others in caring for the student. You and your staff should be trained to know what to do in an emergency and the order of responsibility for emergency care. Opening up the lines of communication with the parents to assure that food is prepared and served according to the student’s medical condition and prescribed diet. Working with your staff providing training for meal modification will help to make them more comfortable and result in a rewarding experience for everyone.

If you have specific questions, contact the Nutrition Services Office at 1-800-731-2233.

## Resources

**Helping the Child with Diabetes Succeed: A Guide for School Personnel** issued by the National Diabetes Education Program and endorsed by JDFRF and other organizations.

[http://ndep.nih.gov/diabetes/pubs/Youth\\_NDEPSchoolGuide.pdf](http://ndep.nih.gov/diabetes/pubs/Youth_NDEPSchoolGuide.pdf)

**Type 1 Diabetes in School** free downloadable guide for parents, teachers, coaches, etc. published by the Juvenile Diabetes Research Foundation

[http://www.jdrf.org/index.cfm?page\\_id=103439](http://www.jdrf.org/index.cfm?page_id=103439)

**Keeping Students with Diabetes Safe at School** is a power point presentation with helpful information for school staff members.

<http://www.diabetes.org/assets/pdfs/schools/tipstohelpteacherskeepkidssafeatschool0807.ppt>

**For Schools: Diabetes Management at School**, American Diabetes Association

<http://www.diabetes.org/for-parents-and-kids/for-schools/diabetes-management.jsp>

**American Diabetes Association** web site with wide range of information related to type 1 and type 2 diabetes. <http://www.diabetes.org/>

**American Dietetic Association** web site with basic information related to diabetes with main emphasis on diet. <http://www.eatright.org/Public/content.aspx?id=6818>

**Centers for Disease Control and Prevention** web site with wide range of information related to diabetes including statistics, trends, educational publications, and many other resources.

<http://www.cdc.gov/diabetes/>

**National Diabetes Information Clearinghouse** a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH. An A-Z list of topics and titles related to diabetes.

<http://diabetes.niddk.nih.gov/dm/a-z.asp>

**Heart of Diabetes** a website sponsored by the American Heart Association that raises the awareness of the relationship between diabetes and the development of heart disease.

<http://www.iknowdiabetes.org/>

**Your Diabetes Diet: Exchange Lists** website hosted by Mayo Clinic featuring exchange lists for each of the eight food groups.

<http://www.mayoclinic.com/health/diabetes-diet/DA00077>

**Legal Text of Section 504 of the Rehabilitation Act of 1973** posted on the OCR website.

<http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>

**Legal Text of Americans with Disabilities Act of 1990** posted on the OCR website.

<http://www.ed.gov/policy/rights/reg/ocr/edlite-28cfr35.html#S101>

**Diabetes in School and Carbohydrate Control.** Power point presentation created by NDE staff.

[http://www.education.ne.gov/ns/slide\\_shows.htm](http://www.education.ne.gov/ns/slide_shows.htm)

## . Appendix A. DEFINITION OF “DISABILITY”

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

### **Definition of “handicapped person” from 7 Code of Federal Regulations 15b.3:**

The definition of “handicapped person” is provided in 7 CFR 15b.3(i):

- (i) *“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.*
- (j) *“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *“Is regarded as having impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

for a Student WITH a Disability

This Special Medical Statement is **ONLY** for a participant with a disability that affects their diet. This form must be:

- \* Thoroughly completed and signed by a licensed physician
- \* Submitted to the school before any meal modifications will be made in the United States  
Department of Agriculture Child Nutrition Programs
- \* Updated whenever the participant's diagnosis or special diet changes

## PART 1: STUDENT INFORMATION

Parent or Guardian must complete - Please PRINT

Student's Name Last / First / Middle Initial

Date of Birth

Parent / Guardian's Name

Home Phone

Work Phone

Parent/Guardian Address

City

State

Zip Code

Name of School Attending:

Parent/Guardian Signature

Date

Note to Parent/Guardian: You may authorize the Manager/Director of the school lunch program to clarify this Medical Statement with the Physician by signing the Voluntary Authorization section at the end of this form.

## PART 2: DIET ORDER (Physician's supporting information)

A Licensed physician must complete this portion. PLEASE PRINT.

The student named above has a disability and requires a special diet or food accomodation

Yes

*An individual with a disability is described under Section 504 of the rehabilitation Act (1973) and the Americans with Disability Act (ADA) as a person who has a physical or mental impairment that substanstially limits one or more "major life activities," has a record of such impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*

1. Identify the student's disability: \_\_\_\_\_ **AND / OR**
  - 1a. Identify food allergy that is life-threatening/anaphylactic (considered a disability): \_\_\_\_\_
2. List the "major life activities" affected by the disability: \_\_\_\_\_
3. Describe how the disability restricts the Student's diet: \_\_\_\_\_



## VOLUNTARY AUTHORIZATION

A parent/guardian may choose to complete this section giving permission to the licensed physician to discuss and clarify a diet order with a Food Service Director of a school.

As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation:

*"When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s)/guardian(s)/student or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that accommodations are made to allow the individual's participation in the meal service."*

*This voluntary authorization encourages such cooperation by allowing the following:*

After review of this Medical Statement, the school may need more information or clarification from the physician before it can provide the special diet. By signing this authorization you are permitting the school to discuss or clarify the diet order with the physician.

Before any changes agreed to between the Food Service Director/Manager and physician take place, the parent(s)/guardian(s)/student need to be informed.

The changes agreed to will then be incorporated into an amended Medical Statement

If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.

If authorization is signed, make a copy of this document before submitting to the school.

This authorizes the licensed physician to discuss or clarify the diet order prescribed for:

\_\_\_\_\_  
(Student's Name)

with the Food Service Manager/Director at:

\_\_\_\_\_  
(Name of School)

This authorization may be revoked at any time by submitting a request in writing to the physician who originally signed the Medical Statement.

I understand that specific information disclosed pursuant to this authorization may be subject to re-disclosure by the school Food Service Manager/Director and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Ave, Sw, Washington, D.C. 20250-9410 or call (800) 795-3272 or 202 720-6382 (TTY)*

USDA is an equal opportunity provider and employer.

**Processed Commodity Items 2010-11: Meal Pattern Contribution Chart**  
*(Reminder: For processed commodity items issued previously, refer to last year's chart.)*

Menu Item and Brand	ID Number	Portion Size	Weight 1 portion in ounces by weight	Meal Pattern Contribution			Nutrition Information		
				Grain/ Bread Servings	Fruit/ Veg Cups	Meat/ Meat Alt Ounces	Total Fat (g)	Sodium (mg)	Carbs (g)
Animal Cinnamon Grahams (East Side)	16192	1 package	0.9	1			3	140	18
Animal Crackers (East Side)	16191	1 package	0.9	1			1.5	80	20
Apple Raisin Fingers (UCG)	125BC	1 package	3.7	2	1/2	1	3	220	49
Apple Raisin Pocket (UCG)	385MC	1 pocket	4.5	2	1/2	1	6	160	60
Beef, Breaded Patty (Advance)	144-20	1 each	3.8	1		2	18.3	798	19
Beef, Breaded Sticks (Advance)	1416-20	4 sticks	3.88	1		2	18.7	814	20
Beef, Charbroil Patty (Integrated Foods)	C22225P	1 each	2.25			2	8	365	2
Beef, Crumbles (Pierre)	89900		2.2			2	8	328	2
Beef, Meatballs (Advance)	1-17-505-0	5 each	2.5			2	8.1	261	4
Beef, Salisbury Patty (Advance)	1-16-530-0	1 each	3.0			2	6.7	468	4
Beef, Shaved Steak (Tyson)	11496		2.4			2	10.8	192	0
Beef, Taco Reduced Fat, Reduced Sodium (JTM)	CP5250	1/3 cup	3.17		1/8	2	6	287	4
Beef, Teriyaki Blasters (Integrated)	C16070B	4 pieces	2.8			2	10.1	590	6
Breakfast Breaks - Cinnamon Toast	104A	1 box		2	1/2		4.5	290	57
Breakfast Breaks - Honey Nut Cheerios	105A	1 box		2	1/2		3.0	275	57
Breakfast Breaks - Kix	61110	1 box		2	1/2		3.5	270	47
Breakfast Breaks - Lucky Charms	61103	1 box		2	1/2		4.5	320	57
Cheese, American Sliced, 160/5#	B065	1 slice	0.5			1/2	4.5	203	0
Cheese, Grilled Whole Wheat Sandwich (Café Favorites)	22296	1 sandwich	4.1	2.5		2	14	968	34
Cheese Sauce, Cups (Land O' Lakes)	39927	1 container	3.0			1	9	780	4
Cheese, Stromboli (Giorgio)	5192	1 each	4.8	3		2	11	890	44
Cheese, Breaded Mozzarella Sticks, (Rich's)	65215	3 sticks	4.8	1.25		1	10	410	19
Cheese Sauce, 5# bag (Pierre)	A1341	1/4 cup	2.0			1	9.8	436	2
Cheese, Zesty Roll (Land O' Lakes)	43241	1 each	2.4	1		1	9	560	17
Chicken, Breaded Parts (Gold Kist)	7800	1 breast, 1 thigh, or 1 drum & 1 wing	3.5 avg.	1		2	12.4	370	12
*Chicken, Breaded Parts (Tyson)	3929-328	1 breast, 1 drumstick 1 thigh 1 wing	6.63 3.23 6.54 2.72	1.75 .75 1.75 .5		4.25 1.75 3.0 1.0	14	380	7
Chicken, Breaded Patty (Pilgrim's Pride)	66130	1 each	3.37	1		2	16.5	360	11
*Chicken Breaded Patty (Tyson)	3731-328	1 each	3.95	1		2	13	590	12
Chicken, Diced (Gold Kist)	230		2			2	3	157	0
Chicken, Fajita Meat (Tyson)	3522-328		3			2	7	330	2
Chicken, Grilled Patty (Pilgrim's Pride)	6624	1 each	2.5			2	8	310	2
*Chicken, Un-Breaded Grilled Patty (Tyson)	15476-328	1 each	2.8			2	7	330	2
Chicken, Nugget (Gold Kist)	61130	5 pieces	3.4	1		2	16.5	360	11
*Chicken, Nugget (Tyson)	3736-328	5 pieces	3.15	1		2	12	410	11
Chicken, Popcorn (Tyson)	2241-328	12 pieces	3.85	1.25		2	14	660	12
Chicken, Sticks (Pilgrim's Pride)	110463	5 pieces	3.56		1	2	9	510	17
Chicken, Strips (Gold Kist)	62130	4 pieces	3.4	1		2	16.5	360	11
*Chicken, Tenders (Tyson)	4114-328	3 pieces	3.69	1.25		2	11	490	10
*Chicken, BBQ Teriyaki (Ling's)	11102-5		2.6			2	2	320	6
Chicken, Kung Pao w/ Veg. (Ling's)	10003-6		5.33		1/4	2	4	450	19
Chicken, Mandarin Orange (Ling's)	10001-2		3.92			2	8	280	20
*Chicken, Orange (Ling's)	11101-8		3.92	.75		2	8	340	18
*Chicken, Sweet & Sour (Ling's)	11171-1		3.92	.75		2	8	240	27
Chicken, Smoked Teriyaki (Ling's)	10002-9		2.6			2	2	300	6
Chicken, Sweet & Sour (Ling's)	00071-8	2/3 cup	4.0			2	5	320	37
Cocoa Raisin Bar (UCG)	GFR100	1 bar	2.2	1			11	230	43

Menu Item and Brand	ID Number	Portion Size	Weight 1 portion in ounces by weight	Meal Pattern Contribution			Nutrition Information		
				Grain/ Bread Servings	Fruit/ Veg Cups	Meat/ Meat Alt Ounces	Total Fat (g)	Sodium (mg)	Carbs (g)
Egg, Diced (Cargill)	40005		1.0			1	3	70	1
Egg, French Toast, Cinnamon Glazed, Whole Grain (Cargill)	40070	1 slice	3.25	2		1	8	330	32
Egg, French Toast Stick, Maple Glazed, Whole Grain (Michael's)	85880	3 sticks	2.9	1.5		1	9	280	26
Egg, Grilled Patty (Cargill)	40700	1 each	1.25			1	3.5	120	1
Egg, Scrambled, Pre-cooked (Cargill)	40827		1			1	3	125	1
Egg, Skillet Frittata w/ Cheese (Cargill)	40174	1 serving	2.1			2	8	320	1
Egg, Tac-Go w/ Cheese & Honey Ham in a Flour Tortilla (Cargill)	40278	1 each	3.35	1		2	10	490	15
Fold-ups, Cheese Pizza	25311	1 each	5.52	3.5	1/4	2	12	404	43
Fold-ups, Pepperoni Pizza	25304W	1 each	4.82	3		2	13	740	42
Fold-ups, Philly Cheese Steak	25305W	1 each	4.96	3		2	11	760	41
Fruit Turnovers: all flavors (Horizon)		1 - breakfast 1 - lunch (dessert)	3.75 3.75	2 1	1/2 1/2				
Apple, Whole Grain	3101-94	1 each					8.8	320	50
Cherry, Whole Grain	3106-94	1 each					8.6	320	48
Macaroni & Cheese Sauce (Pierre)	A1216		7.5	1.25		2	7.2	497	32
Orange Juice, 100% (Citrus Systems)		1 each	4 fluid oz		1/2		0	10	15
Orange-Fruit Punch, 100% juice (Citrus Systems)		1 each	4 fluid oz		1/2		0	6	15
Orange-Pineapple Juice, 100% juice (Citrus Systems)		1 each	4 fluid oz		1/2		0	5	15
*PB & Grape Jelly Sandwich Whole Wheat (Smucker's)	5150006611	1 sandwich	2.8	1.25		1	9	230	26
PB & Honey Sandwich Whole Wheat (Smucker's)	5150006675	1 sandwich	2.8	1.25		1	9	230	26
*PB & Strawberry Jelly Sandwich Whole Wheat (Smucker's)	5150006620	1 sandwich	2.8	1.25		1	9	230	26
Pork, Breaded Patty (Advance)	CN1-46-40	1 each	3.75	1		2	16.1	763	18
Pork, Breakfast Link (JTM)	5641	2 links	1.34			1	5	338	1
Pork, Meatballs (JTM)	5036	4 each	2.6			2	9	274	5
Pork, Rib Shaped Patty (Pierre)	3734	1 each	2.4			2	8.0	400	3
Pork, Sausage Patty (Pierre)	3750	1 each	1.2			1	5.3	232	< 1
Pork, Shredded w/ BBQ Sauce (JTM)	5416		4.6		1/8	2	8	935	16
Salsa, Low Sodium, Canned (USDA)	A237	1/4 cup			1/4		.12	70	4
Salsa, Mrs. Clark's	52990	1/8 cup			1/8		0	200	2
Salsa, Cups Mrs. Clark's	52991	1 cup	2 oz		1/4		0	320	6
Spaghetti Sauce, Meatless, Low Sodium, Canned (USDA)	A243	1/4 cup			1/4		0.56	70	5
Spaghetti Sauce, Mrs. Clark's	52980	1/2 cup			1/2		2.5	460	10
Turkey Breast (House of Raeford)	98339		3.0			2	1.6	390	1
Turkey, Chili w/Pinto Beans (JTM)	CP5344		6.54		1/4	2	1.0	864	18
Turkey, Mini Corndogs (Raeford)	20334	6 each	4.0	2		2	15.4	630	35
Turkey Roast, Pre-cooked (Raeford)	17215		3.0			2	5.2	540	0
Turkey, Smokehouse Dark (Raeford)	98218		3			2	4	910	2
Turkey Noodle Soup ( JTM )	CP5107		6.97	1/4	1/8	2	4	1155	14
Turkey Pot Pie Filling (JTM)	CP5108		5.96		1/4	2	1	872	11
Turkey, Pre-cooked Shredded in Gravy (Jennie-O)	2847-28	1/2 cup	5.18			2	8	600	4
Turkey, Pre-cooked Chunked, (Jennie-O)	6447-20		2.89			2	3	380	0
Turkey, Spaghetti Meat Sauce ( JTM )	CP5518		6		1/2	2	1	572	10

\*New product or new manufacturer in 2010-2011.

For portion sizes left blank, a volume measure was not available.

**Processed Commodity Items 2009-10: Meal Pattern Contribution Chart**  
*(Reminder: For processed commodity items issued previously, refer to last year's chart.)*

Menu Item and Brand	ID Number	Portion Size	Weight 1 portion in ounces by weight	Meal Pattern Contribution			Nutrition Information		
				Grain/ Bread	Fruit/ Veg	Meat/ Meat Alt	Total Fat	Sodium	Carbs
				Servings	Cups	Ounces	(g)	(mg)	(g)
Animal Cinnamon Grahams (East Side)	16192	1 package	0.9	1			3	140	18
Animal Crackers (East Side)	16191	1 package	0.9	1			1.5	80	20
Apple Raisin Fingers (UCG)	125BC	1 package	3.7	2	1/2	1	3	220	49
Apple Raisin Pocket (UCG)	385MC	1 pocket	4.5	2	1/2	1	6	160	60
Beef, Breaded Patty (Advance)	144-20	1 each	3.8	1		2	18.3	798	19
Beef, Breaded Sticks (Advance)	1416-20	4 sticks	3.88	1		2	18.7	814	20
Beef, Charbroil Patty (Integrated Foods)	C22225P	1 each	2.25			2	8	365	2
Beef, Crumbles (Pierre)	89900		2.2			2	8	328	2
Beef, Meatballs (Advanced)	1-17-505	5 each	2.5			2	8.1	261	4
Beef, Salisbury Patty (Advance)	1-16-530-0	1 each	3.0			2	6.7	468	4
Beef, Shaved Steak (Tyson)	11496		2.4			2	10.8	192	0
Beef, Taco Reduced Sodium (JTM)	5250	1/3 cup	3.17		1/8	2	6	287	4
Beef, Teriyaki Blasters (Integrated)	C16070B	4 pieces	2.8			2	10.1	590	6
Breakfast Breaks - Cinnamon Toast	104A	1 box		2	1/2		4.5	290	57
Breakfast Breaks - Honey Nut Cheerios	105A	1 box		2	1/2		3.0	275	57
Breakfast Breaks - Kix	61110	1 box		2	1/2		3.5	270	47
Breakfast Breaks - Lucky Charms	61103	1 box		2	1/2		4.5	320	57
Cheese, American Sliced, 160/5#	B065	1 slice	0.5			1/2	4.5	203	0
Cheese, Grilled (Café Favorites)	22296	1 sandwich	4.1	2.5		2	14	968	34
Cheese Sauce, Cups (Land O' Lakes)	39927	1 container	3.0			1	9	780	4
Cheese, Stromboli (Giorgio)	5192	1 each	4.8	3		2	11	890	44
*Cheese, Breaded Mozzarella Sticks, (Rich's)	65215	3 sticks	4.8	1.25		1	10	410	19
*Cheese, Pizza Dippers (Stuffed Bread Sticks) (Rich's)	65233	2 clusters	4.04	2		2	7	600	28
*Cheese Sauce, 5# bag (Pierre)	A1341	1/4 cup	2.0			1	9.8	436	2
*Cheese, Zesty Roll (Land O' Lakes)	43241	1 each	2.4	1		1	9	560	17
Chicken, Breaded Parts (Gold Kist)	7800	1 breast, 1 thigh, or 1 drum & 1 wing	3.5 avg.	1		2	12.4	370	12
Chicken, Breaded Patty (Pilgrim's Pride)	66130	1 each	3.37	1		2	16.5	360	11
Chicken, Diced (Gold Kist)	230		2			2	3	157	0
Chicken, Fajita Meat (Tyson)	3522		3.0			2	7	330	2
Chicken, Grilled Patty (Pilgrim's Pride)	6624	1 each	2.5			2	8	310	2
Chicken, Nugget (Gold Kist)	61130	5 nuggets	3.4	1		2	16.5	360	11
Chicken, Popcorn (Tyson)	2241	15 pieces	3.8	1.25		2	17	830	18
Chicken, Sticks (Pilgrim's Pride)	110463	5 pieces	3.56		1	2	9	510	17
Chicken, Strips (Gold Kist)	62130	4 strips	3.4	1		2	16.5	360	11
*Chicken, Kung Pao w/ Veg. (Ling's)	10003-6		5.33		1/4	2	4	450	19
*Chicken, Mandarin Orange (Ling's)	10001-2		3.92			2	8	280	20
*Chicken, Smoked Teriyaki (Ling's)	10002-9		2.6			2	2	300	6
*Chicken, Sweet & Sour (Ling's)	00071-8	2/3 cup	4.0			2	5	320	37
*Cocoa Raisin Bar (UCG)	GFR100	1 bar	2.2	1			11	230	43
Egg, Diced (Cargill)	40005		1.0			1	3	70	1
Egg, French Toast, Cinnamon Glazed, Whole Grain (Cargill)	40070	1 slice	3.25	2		1	8	330	32
Egg, French Toast Stick, Maple Glazed, Whole Grain (Michael's)	85880	3 sticks	2.9	1.5		1	9	280	26
Egg, Grilled Patty (Cargill)	40700	1 each	1.25			1	3.5	120	1
*Egg, Scrambled, Pre-cooked (Cargill)	40827		1			1	3	125	1
*Egg, Skillet Frittata w/ Cheese (Cargill)	40174	1 serving	2.1			2	8	320	1

Menu Item and Brand	ID Number	Portion Size	Weight 1 portion in ounces by weight	Meal Pattern Contribution			Nutrition Information		
				Grain/ Bread Servings	Fruit/ Veg Cups	Meat/ Meat Alt Ounces	Total Fat (g)	Sodium (mg)	Carbs (g)
*Egg, Tac-Go w/ Cheese & Honey Ham in a Flour Tortilla (Cargill)	40278	1 each	3.35	1		2	10	490	15
Fold-ups, Cheese Pizza	25311	1 each	5.52	3.5	1/4	2	12	404	43
Fold-ups, Pepperoni Pizza	25304W	1 each	4.82	3		2	13	740	42
Fold-ups, Philly Cheese Steak	25305W	1 each	4.96	3		2	11	760	41
Fruit Turnovers: all flavors (Horizon)		1 - breakfast 1 - lunch	3.75 3.75	2 1	1/2 1/2				
Apple, Whole Grain	3101-94	1 each					8.8	320	50
Cherry, Whole Grain	3106-94	1 each					8.6	320	48
*Macaroni & Cheese Sauce (Pierre)	A1216		7.5	1.25		2	7.2	497	32
*Orange Juice, 100% (Citrus Systems)		1 each	4 fluid oz		1/2		0	10	15
*Orange-Fruit Punch, 100% juice (Citrus Systems)		1 each	4 fluid oz		1/2		0	6	15
*Orange-Pineapple Juice, 100% juice (Citrus Systems)		1 each	4 fluid oz		1/2		0	5	15
PB & Grape Jelly Sandwich (Albies)	E.Z. Jammer	1 sandwich	2.8	1.25		1	15	350	37
PB & Honey Sandwich (Smucker's)	6675	1 sandwich	2.8	1.25		1	16	330	34
PB & Strawberry Jelly Sandwich (Smucker's)	6659	1 sandwich	2.8	1.25		1	16	350	33
Pork, Breaded Patty (Advance)	1-46-40	1 each	3.75	1		2	16.1	763	18
Pork, Breakfast Link (JTM)	CP5641	2 links	1.34			1	5	338	1
Pork, Meatballs (JTM)	5036	4 each	2.6			2	9	274	5
Pork, Rib Shaped Patty (Pierre)	3734	1 each	2.4			2	8.6	400	3
Pork, Sausage Patty (Pierre)	3750	1 each	1.2			1	5.3	232	< 1
Pork, Shredded w/ BBQ Sauce (JTM)	5416		4.6		1/8	2	8	935	16
Salsa (USDA)	A237	1/4 cup			1/4		0	256	4
Spaghetti Sauce, Meatless, Canned (USDA)	A243	1/4 cup			1/4		0.5	334	4
Turkey Breast (House of Raeford)	98339		3.0			2	1.6	390	1
Turkey, Mini Corndogs (Raeford)	20334	6 each	4.0	2		2	15.4	630	35
Turkey Roast, Pre-cooked (Raeford)	17215		3.0			2	5.2	540	0
Turkey, Smokehouse Dark (Raeford)	98218		3			2	4	910	2
*Turkey Noodle Soup ( JTM )	CP5107		6.97	1/4	1/8	2	4	1155	14
*Turkey Pot Pie Filling (JTM)	CP5108		5.96		1/4	2	1	872	11
*Turkey, Pre-cooked Shredded in Gravy (Jennie-O)	2847-28	1/2 cup	5.23			2	6.4	657	4
*Turkey, Pre-cooked Chunked, (Jennie-O)	6447-20		2.56			2	2.7	407	0
*Turkey, Spaghetti Meat Sauce ( JTM)	CP5518		6		1/2	2	1	572	10
*Turkey, BBQ (JTM)	CP5424		4.35		1/8	2	0	718	14

\*New product or new manufacturer in 2009-2010.

This year there will be rebates available on pizza products purchased from Gilardi's, S.A. Piazza, Nardone Brother's and Schwan's. Refer to the product's Child Nutrition (CN) label to determine how these items contribute to the meal pattern. Keep a copy of the label on file.

For those "Portion Sizes" left blank, a volume measure was not available.

# Quick Reference Emergency Plan for a Student with Diabetes

Photo

## Hypoglycemia (Low Blood Sugar)

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Date of Plan \_\_\_\_\_

Emergency Contact Information:

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Home phone \_\_\_\_\_

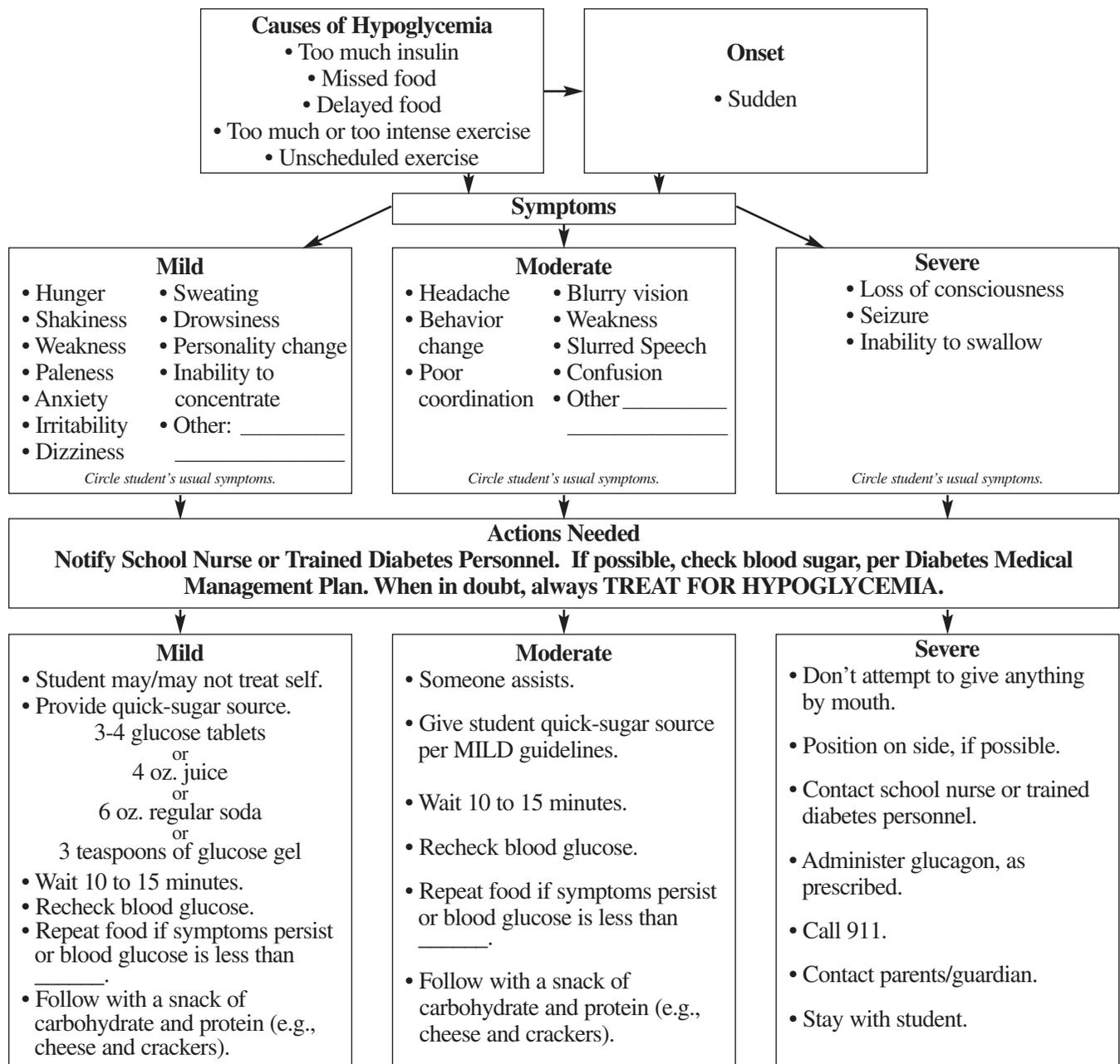
Work phone \_\_\_\_\_

Cell \_\_\_\_\_

School Nurse/Trained Diabetes Personnel \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

**Never send a child with suspected low blood sugar anywhere alone.**



# Quick Reference Emergency Plan

## for a Student with Diabetes

### Hyperglycemia (High Blood Sugar)



Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Date of Plan \_\_\_\_\_

Emergency Contact Information:

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

School Nurse/Trained Diabetes Personnel \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

