SETTLEMENT AGREEMENT UNDER THE
AMERICANS WITH DISABILITIES ACT

THIS SETTLEMENT AGREEMENT ("Agreement") is made by and among Doral
Academy, Inc., d/b/a Doral Pre-K ("Doral Pre-K"), and, by and through her
parents and next friends Nelly Mendez and Ricardo Gosselain

WHEREAS, on September 26, 2014, by and through her parents and
next friends Nelly Mendez and Ricardo Gosselain, filed an action captioned S.G. v. The Doral
Academy, Inc., Case No. 14-23555-JLK (S.D.Fla.), in the United States District Court for the
Southern District of Florida, alleging that Doral Pre-K had violated Title III of the Americans
carbohydrate intake, monitor blood glucose levels, and enter related data into the digital device
that determines the amount of insulin to administer via a pump;

WHEREAS, Doral Pre-K is a place of public accommodation covered by Title III of the
ADA, 42 U.S.C. § 12181(7)(I); 28 C.F.R. § 36.104;

WHEREAS, the ADA prohibits public accommodations from discriminating against an
individual on the basis of disability in the full and equal enjoyment of its goods and services, 42
U.S.C. § 12182(a);

WHEREAS, ensuring that private schools do not discriminate against persons with
diabetes is an issue of general public importance;

WHEREAS, Doral Pre-K denies the allegations made in Plaintiff’s Complaint, and
alleges that at all times it acted consistently with the ADA;

WHEREAS, nevertheless, to demonstrate and affirm that Doral Pre-K is committed to
full compliance with the ADA and to ensure full compliance therewith, Doral Pre-K has
established and implemented policies and procedures, described herein, designed to afford
children with disabilities, including but not limited to diabetes, a benefit equal to that provided to
others, and to make reasonable modifications in policies, practices, and procedures when
necessary, to provide appropriate supervision or assistance to children with disabilities, including
but not limited to diabetes, in order to ensure full and equal participation in Doral Pre-K
activities; and

WHEREAS, the parties desire to resolve this matter without further judicial action, agree
that resolution of this matter is in their mutual interest, and to this end agree that the matter can
be resolved as set forth below.

NOW, THEREFORE, for and in consideration of the mutual promises and the releases as
set forth herein, and other good and valuable consideration, the receipt and sufficiency of which
are hereby acknowledged, Doral Pre-K and the Plaintiff agree as follows:
1. Doral Pre-K has demonstrated a commitment to provide its services to persons with disabilities without discrimination. The parties have agreed that this matter can be resolved without resort to further litigation.

2. Doral Pre-K is a private preschool and a place of public accommodation within the meaning of Title III of the ADA, 42 U.S.C. § 12181(7), and its implementing regulation, 28 C.F.R. § 36.104.

3. Doral Pre-K agrees not to discriminate against any child on the basis of diabetes. Doral Pre-K agrees to provide all children with diabetes with an equal opportunity to attend Doral Pre-K and to participate in and benefit from the goods, services, facilities, privileges, advantages and accommodations it provides. Doral Pre-K will not provide an unequal benefit or a separate benefit, unless the separate benefit is necessary and as effective as that provided to others. Doral Pre-K will not refuse to admit any child to, or dissuade any child or his or her parents from applying or registering for, any of its sessions or programs because the child has diabetes or requires diabetes care (including without limitation insulin-dependent diabetes or requires carbohydrate counting, blood glucose monitoring, access to emergency glucagon or other related needs as a result of insulin-dependent diabetes), subject to defenses available to Doral Pre-K as provided by law.

4. Prior to a child’s enrollment into its program, Doral Pre-K will not inquire specifically whether a child has diabetes or needs diabetes-related care or monitoring.

5. Doral Pre-K agrees to make reasonable modifications to its policies, practices, or procedures, when the modifications are necessary to afford goods, services, facilities, privileges, advantages and accommodations pursuant to Federal and Florida law. Reasonable modifications may require Doral Pre-K to take the following actions, including, but not limited to, supervising and monitoring of children with diabetes; assisting children with the use of blood glucose tests, glucose monitoring, insulin pumps, syringes, and other diabetes related medical equipment; and supervising and monitoring consumption of food while participating in any program, service, or activity, whether on Doral Pre-K’s premises or elsewhere while participating in Doral Pre-K’s educational programs.

6. When informed that a child has insulin-dependent diabetes, Doral Pre-K will advise the child’s parent(s) or guardian(s) of the Doral Pre-K Diabetes Medical Management Plan to be completed and signed by the child’s medical provider, a copy of which is attached hereto as Exhibit 1 (the “Diabetes Plan”), and, when asked to do so, will follow the instructions provided on the completed Diabetes Plan executed by the child’s physician / health care provider and parent(s) or guardian(s). Doral Pre-K will also make the Diabetes Plan available for use by the parent, physician / health care provider or Doral Pre-K caregiver in Spanish or other languages upon request.

7. Doral Pre-K will keep accurate and relevant records related to the steps indicated and requested in the Diabetes Plan, including by way of example: blood glucose level testing and monitoring, carbohydrates ingested, insulin administered (if any), exercise (if any) and any medication administered, each as they are applicable, on the “Health Education Services Daily
Diabetic Log,” attached hereto as Exhibit 2, in the child’s file. Doral Pre-K will provide copies of these records to the child’s parent(s) or guardian(s), upon written request on a form provided by Doral Pre-K when such a request is made. Doral Pre-K will maintain these records for a period of at least 12 months.

8. Notwithstanding the foregoing, and subject to the requirements of applicable federal, state and local law, Doral Pre-K will allow the parent(s) or guardian(s), or authorized agent(s), to enter Doral Pre-K’s premises at any time a child is in Doral Pre-K’s care, to check, monitor the child’s blood glucose levels or take appropriate action in response to those levels as needed.

9. Doral Pre-K shall be provided an “Emergency Care Plan for Diabetics,” attached hereto as Exhibit 3, to provide instructions to the designated caregiver, and designated back-up, on how to respond to low blood glucose and high blood glucose. The Emergency Care Plan for Diabetics may be completed by the child’s parents/guardians or the child’s medical provider, as appropriate, and provided to Doral Pre-K.

10. Doral Pre-K may require the parent to execute the release and waiver on Page 4 of the Diabetes Plan, attached hereto as Exhibit 1. As set forth in the release and without derogation of its contents, this form releases Doral Pre-K from liability stemming from any action taken with reasonable care by Doral Pre-K’s employees and/or agents in conformance with the child’s executed Diabetes Plan.

11. Doral Pre-K shall arrange for annual training to Doral Pre-K personnel who in Doral Pre-K’s reasonable judgment have direct contact with children enrolled or seeking enrollment in a Doral Pre-K program regarding the policies contained in this agreement and to facilitate the implementation of the policies.

12. Doral Pre-K will arrange to provide basic training to personnel who may be responsible for children with diabetes at Doral Pre-K. That basic training will include a general overview of diabetes and typical health care needs of individuals with diabetes, recognition of common symptoms of hypoglycemia and hyperglycemia, and provide training and information on the procedures to follow in the event of an emergency. Notwithstanding the aforementioned, Doral Pre-K is not a health care provider. In complying with and following the directives of the Diabetes Plan, Doral Pre-K is not assuming medical care of , or any other child with a disability, but is providing modifications for these children within the meaning of the ADA.

13. The parents or guardians of any child with diabetes are responsible for providing, at their cost, all appropriate testing equipment, diabetes supplies, and any special food necessary for their particular child. Doral Pre-K, at the request of the parents or guardians and with their input, will arrange training for appropriate personnel regarding the needs of a particular child with diabetes, including the working of each child’s particular blood glucose monitor, testing equipment, insulin-related equipment, and glucagon kit in case of emergency. This child-specific training may be given by a parent or guardian or by a qualified person agreed to by the parents or guardian to provide the training. The parents or guardians of a particular child with diabetes
should be available to provide assistance to, and respond to inquiries from, Doral Pre-K personnel about any matter or concern related to that particular child with diabetes. Doral Pre-K personnel should be authorized to seek clarifying information from the child’s health care team regarding questions about the Diabetes Plan with the consent of, and notice to, the parent or guardian.

14. Doral Pre-K will not retaliate against or coerce in any way any person who is trying to exercise his or her rights under this Agreement or the ADA.

15. Upon being provided with a completed and executed Diabetes Plan for the care of , Doral Pre-K will follow the instructions provided on the completed Diabetes Plan executed by the child’s physician / health care provider and parent(s) or guardian(s) utilizing the information, supplies, medication, equipment and emergency information provided.

16. , through her parents and next friends, will promptly communicate with Doral Pre-K through its designated representative about changes to medical condition or needs, and provide all necessary equipment and medications indicated or referenced in the Diabetes Plan, including providing an updated Diabetes Plan as necessary.

17. Doral Pre-K agrees to provide all children with disabilities, including but not limited to diabetes, and including without limitation , with an equal opportunity to attend Doral Pre-K and to participate in all programs, services, or activities provided by Doral Pre-K consistent with Doral Pre-K’s practices and procedures, with reasonable modifications as appropriate, with respect to all children. Doral Pre-K will not refuse to admit any child with a disability, including but not limited to diabetes, and including without limitation to any of its sessions or programs, or to any other Doral Pre-K facility or program or service in accordance with Doral Pre-K’s enrollment procedures applicable to all children enrolling in a Doral Pre-K program, with reasonable modifications as appropriate.

18. Doral Pre-K represents that its aftercare program (“Leap Services, LLC”) is presently at capacity; that there is no waiting list; that the applications of children who were not enrolled are maintained and dated in the order they were received; that spots hereafter will be filled in the order in which the applications were received; and that application is and has been in line as of the date it was filed. Doral Pre-K further represents that when a spot in the aftercare program becomes available, that spot will be offered to the child with the oldest application on file until the spot is filled. Doral Pre-K shall permit enroll in the aftercare program on a space available basis consistent with Doral Pre-K’s practices with respect to all children and in accordance with her place in line.

19. by and through her parents and next friends, agrees to dismiss the action S.G. v. The Doral Academy, Inc., Case No. 14-23555-JLK (S.D.Fla.), in the United States District Court for the Southern District of Florida, with prejudice, within ten (10) days of the execution of this agreement. The parties agree that the Court retains jurisdiction for the
purpose of enforcing the terms of this agreement, including the award of attorney’s fees to the prevailing party in any enforcement action.

20. This Agreement is final and binding as to all signatories hereto, including all principals, agents, successors in interest and assigns of Doral Pre-K and by and through her parents and next friends. The undersigned representatives certify that they are authorized to enter into and consent to the terms and conditions of this Agreement and execute and legally bind their respective parties to it.

21. This Agreement, and any appendices/exhibits attached hereto and incorporated herein by reference, shall constitute the entire agreement between the parties on the matters raised herein, and no other statement, promise, or agreement, either written or oral, made by any of the parties or agents of any of the parties, that is not contained in this written Agreement or attachments, shall be enforceable regarding the matters raised herein. In executing this Agreement, Doral Pre-K and Leap Services hereto enter into a full release as to any and all claims, including cross-claims or third-party claims, as to any and all events, actions, or matters that were raised in the S.O complaint.

22. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same Agreement. This Agreement shall be effective upon execution.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date(s) set forth below.

FOR BY AND THROUGH HER PARENTS AND NEXT FRIENDS NELLY MENDEZ AND RICARDO GOSSELAIN:

By: ___________________________ Date: 11/24/14
Nelly Méndez

By: ___________________________ Date: 11/24/14
Ricardo Gosselein

By: ___________________________ Date: 11/24/14
Tania Galloni, Esq.
SOUTHERN POVERTY LAW CENTER
P.O. Box 370037
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FOR THE DORAL ACADEMY, INC., D/B/A DORAL PRE-K, AND LEAP SERVICES, LLC:

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Attorneys for The Doral Academy, Inc. and Leap Services, LLC
Exhibit 1
### DIABETES MEDICAL MANAGEMENT PLAN (School Year ____________)

**Student's Name:** __________________________  **Date of Birth:** __________  **Diabetes Type 1:** [ ]  **Type 2:** [ ]  **Date of Diagnosis:** __________

**School Name:** __________________________  **Grade:** __________  **Homeroom:** __________  **Plan Effective Date(s):** __________

#### CONTACT INFORMATION

Parent/Guardian #1: __________________________  **Phone Numbers:** Home ______ Work ______ Cell/Pager ______

Parent/Guardian #2: __________________________  **Phone Numbers:** Home ______ Work ______ Cell/Pager ______

**Diabetes Healthcare Provider:** __________________________  **Phone Number:** ______

**Other Emergency Contact:** __________________________  **Relationship:** ______  **Phone Number:** Home ______ Work/Cel/Pager ______

#### EMERGENCY NOTIFICATION:
- Notify parents if the following conditions occur: (If unable to reach parents, call Diabetes Healthcare Provider listed above)
  - Loss of consciousness or seizure (convulsion) immediately after Glucagon given and 911 called.
  - Blood sugars in excess of ______ mg/dl
  - Positive urine ketones.
  - Abdominal pain, nausea/vomiting, diaphoresis, fever, altered breathing, or altered level of consciousness.

#### MEALS/SNACKS:

<table>
<thead>
<tr>
<th>Time/Location</th>
<th>Food Content and Amount</th>
<th>Time/Location</th>
<th>Food Content and Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td>Mid-afternoon</td>
<td></td>
</tr>
<tr>
<td>Midmorning</td>
<td></td>
<td>Before PE/Activity</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td>After PE/Activity</td>
<td></td>
</tr>
</tbody>
</table>

If outside food for party or food sampling provided to class: __________________________

#### BLOOD GLUCOSE MONITORING AT SCHOOL:
- [ ] Yes  [ ] No  **Type of Meter:** __________________________

If yes, can student ordinarily perform own blood glucose checks? [ ] Yes  [ ] No  **Interpret results:** [ ] Yes  [ ] No  **Needs supervision:** [ ] Yes  [ ] No

Time to be performed:
- [ ] Before breakfast  [ ] Before PE/Activity
- [ ] Midmorning: before snack  [ ] After PE/Activity Time
- [ ] Before lunch  [ ] Mid-afternoon
- [ ] Dismissal  [ ] As needed for signs/symptoms of low/high blood glucose

Place to be performed:
- [ ] Classroom  [ ] Clinic/Health Room  [ ] Other __________________________

**OPTIONAL:** Target Range for blood glucose: ______ mg/dl to ______ mg/dl (Completed by Diabetes Healthcare Provider).

#### INSULIN INJECTIONS DURING SCHOOL:
- [ ] Yes  [ ] No  **Parent/Guardian elects to give insulin needed at school**

If yes, can student: [ ] Determine correct dose  [ ] No  **Draw up correct dose:** [ ] Yes  [ ] No

Give own injection? [ ] Yes  [ ] No  **Needs supervision:** [ ] Yes  [ ] No

**Insulin Delivery:** [ ] Syringe/Vial  [ ] Pen  [ ] Pump (If pump worn, use "Supplemental Information Sheet for Student Wearing an Insulin Pump")

#### Standard daily insulin at school:
- [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Type</th>
<th>Dose</th>
<th>Time to be given</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Correction Dose of Insulin for High Blood Glucose:**
- [ ] Yes  [ ] No

If yes: [ ] Regular  [ ] Humalog  [ ] Novolog  **Time to be given:**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Time to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Determine dose per sliding scale below (in units):
- [ ] Use formula:

- Blood sugar: ________ Insulin Dose: ________
- Blood sugar: ________ Insulin Dose: ________
- Blood sugar: ________ Insulin Dose: ________
- Blood sugar: ________ Insulin Dose: ________
- Blood sugar: ________ Insulin Dose: ________

#### OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL:
- [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Route</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

#### EXERCISE, SPORTS, AND FIELD TRIPS

Blood glucose monitoring and snacks as above. Quick access to sugar-free liquids, fast-acting carbohydrates, snacks, and monitoring equipment.

A fast-acting carbohydrate such as ______ should be available at the site.

Child should not exercise if blood glucose level is below ______ mg/dl OR if ______

#### SUPPLIES TO BE FURNISHED/RESTOCKED BY PARENT/GUARDIAN:

- [ ] Blood glucose meter/strips/lancets/ancillaries device
- [ ] Ketone testing strips
- [ ] Sharps container for classroom
- [ ] Fast-acting carbohydrate
- [ ] Carbohydrate-containing snacks
- [ ] Carbohydrate free beverage/snack
- [ ] Insulin vials/syringe
- [ ] Insulin pen/pen needles/cartridges
- [ ] Glucagon Emergency Kit
**MANAGEMENT OF HIGH BLOOD GLUCOSE** (over _________ mg/dl)

- Increased thirst, urination, appetite
- Tiredness/sleepiness
- Blurred vision
- Warm, dry, or flushed skin
- Other ____________________________

**Indicate treatment choices:**
- Sugar-free fluids as tolerated
- Check urine ketones if blood glucose over _________ mg/dl
- Notify parent if urine ketones positive.
- May not need snack: call parent
- See “Insulin Injections: Correction Dose of Insulin for High Blood Glucose”
- Other

**MANAGEMENT OF VERY HIGH BLOOD GLUCOSE** (over _________ mg/dl)

- Nausea/vomiting
- Abdominal pain
- Rapid, shallow breathing
- Extreme thirst
- Weakness/muscle aches
- Fruity breath odor
- Other ____________________________

**Indicate treatment choices:**
- Carbohydrate-free fluids if tolerated
- Check urine for ketones
- Notify parents per “Emergency Notification” section
- If unable to reach parents, call diabetes care provider
- Frequent bathroom privileges
- Stay with student and document changes in status
- Delay exercise.
- Other

**MANAGEMENT OF LOW BLOOD GLUCOSE** (below _________ mg/dl)

- Hunger
- Change in personality/behavior
- Painfulness
- Weakness/shakiness
- Tiredness/sleepiness
- Dizziness/staggering
- Headache
- Rapid heartbeat
- Nausea/vomiting
- Clamminess/sweating
- Blurred vision
- Inattention/confusion
- Slurred speech
- Loss of consciousness
- Seizure
- Other ____________________________

**Indicate treatment choices:**
- If student is awake and able to swallow, give _________ grams fast-acting carbohydrate such as:
  - 4 oz. Fruit juice or non-diet soda or
  - 3-4 glucose tablets or
  - Concentrated gel or tube frosting or
  - 8 oz. Milk or
  - Other ____________________________

- Retest BG 10-15 minutes after treatment
- Repeat treatment until blood glucose over 80 mg/dl
- Follow treatment with snack of:
  - If more than 1 hour till next meal/snack or if going to activity
  - Other ____________________________

**IMPORTANT!!**

**If student is unconscious or having a seizure, presume the student is having a low blood glucose and:**

- Call 911 immediately and notify parents.
- Glucagon ½ mg or 1 mg (circle desired dose) should be given by trained personnel.
- Glucose gel 1 tube can be administered inside cheek and massaged from outside while awaiting or during administration of Glucagon by staff member at scene.
- Glucagon/Glucose gel could be used if student has documented low blood sugar and is vomiting or unable to swallow.

**Student should be turned on his/her side and maintained in this “recovery” position till fully awake**.

**SIGNATURES**

I/we understand that all treatments and procedures may be performed by the student and/or trained unlicensed assistive personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I have reviewed this information sheet and agree with the indicated instructions. This form will assist the school health personnel in developing a nursing care plan.

Parent's Signature: ____________________________ Date: __________

Physician's Signature: ____________________________ Date: __________

School Nurse's Signature: ____________________________ Date: __________

This document follows the guiding principles outlined by the American Diabetes Association

Revised December 5, 2003
**DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENT WEARING INSULIN PUMP**

**School Year:**

---

**Student Name:**

---

**Date of Birth:**

---

**Pump Brand/Model:**

---

**Pump Resource Person:**

---

**Phone/Beeper:**

---

(See basic diabetes plan for parent phone#)

---

**Child-Lock On?**

[ ] Yes  [ ] No

---

**How long has student worn an insulin pump?**

---

---

**Blood Glucose Target Range:**

---

**Pump Insulin:**

[ ] Humalog  [ ] Novolog  [ ] Regular

---

**Insulin: Carbohydrate Ratios:**

---

(Student to receive carbohydrate bolus immediately before [ ] minutes before eating)

---

**Lunch/Snack Boluses Pre-programmed?**

[ ] Yes  [ ] No

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**Times**

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**Insulin Correction Formula for Blood Glucose Over Target:**

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**Extra pump supplies furnished by parent/guardian:**

[ ] infusion sets  [ ] reservoirs  [ ] batteries  [ ] dressings/tape  [ ] insulin  [ ] syringes/insulin pen

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**STUDENT PUMP SKILLS**

<table>
<thead>
<tr>
<th>STUDENT PUMP SKILLS</th>
<th>NEEDS HELP?</th>
<th>IF YES, TO BE ASSISTED BY AND COMMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Independently count carbohydrates</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>2. Give correct bolus for carbohydrates consumed.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>3. Calculate and administer correction bolus.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>4. Recognize signs/symptoms of site infection.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>5. Calculate and set a temporary basal rate.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>6. Disconnect pump if needed.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>7. Reconnect pump at infusion set.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>8. Prepare reservoir and tubing.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>9. Insert new infusion set.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>10. Give injection with syringe or pen, if needed.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>11. Troubleshoot alarms and malfunctions.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>12. Re-program basal profiles if needed.</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

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**MANAGEMENT OF HIGH BLOOD GLUCOSE**  
*Follow instructions in basic diabetes medical management plan, but in addition:*

If blood glucose over target range [ ] hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula: Blood glucose × [ ] = [ ] units insulin

If blood glucose over 250, check urine ketones

1. If no ketones, give bolus by pump and recheck in 2 hours.
2. If ketones present or [ ] give correction bolus as an injection immediately and contact parent/health care provider

If two consecutive blood glucose readings over 250 (2 hrs or more after first bolus given)

1. Check urine ketones
2. Give correction bolus as an injection
4. Call parent

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**MANAGEMENT OF LOW BLOOD GLUCOSE**  
*Follow instructions in Basic Diabetes Care Plan, but in addition:*

If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Call 911 (or designate another individual to do so).
2. Treat with Glucagon (See basic Diabetes Medical Management Plan)
3. Stop insulin pump by:
   - [ ] Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)
   - [ ] Disconnecting at pigtail or clip (Send pump with EMS to hospital.)
   - [ ] Cutting tubing
4. Notify parent
5. If pump was removed, send with EMS to hospital.

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**ADDITIONAL TIMES TO CONTACT PARENT**

[ ] Sensitivity or redness at infusion site
[ ] Insulin injection given
[ ] Detachment of dressing/infusion set out of place
[ ] Leakage of insulin
[ ] Other

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**Effective Date(s) of Pump plan:**

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**Parent’s Signature:**

---

**Date:**

---

**School Nurse’s Signature:**

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**Date:**

---

**Diabetes Care Provider Signature:**

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**Date:**

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**Revised February 3, 2003/Florida Governor’s Diabetes Council**

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DORAL PRE-K RELEASE

Page 4 of Diabetes Plan

I/we, the parent/guardian of __________ hereby grant Doral Academy Inc., d.b.a. Doral Pre-K and/or its designee, employee, agent, officers, or assigns; or a registered nurse; or a licensed practical nurse; or a licensed nurse's aide; or a licensed physician; or a licensed physician's assistant full and informed consent to assist with and/or perform the administration of each prescribed medication, including, but not limited to insulin, either by injection or by pump, and any and all other treatments/procedures/protocols for my child as necessary during the school day. This includes any such time when my child is away from school property for official school events. I have reviewed, understand and agree with the medications/treatments/protocols prescribed by my child's physician and/or the healthcare provider indicated on this form. I hereby acknowledge and understand that it is my/our responsibility to notify the Pre-K and/or its designee, employees, agents, or assigns of any change or modification to the medication/treatment plan prior to its expiration date. Doral Pre-K is a place of public accommodation covered by title III of the ADA. 42 U.S.C. § 12181(7)(J); 28 C.F.R. § 36.104. I acknowledge and understand that Doral Pre-K is not a health care provider and Doral Pre-K is not assuming the medical care of my child, but is providing accommodations to my child within the meaning of the ADA. I acknowledge and agree that the Pre-K will not make any medical decisions for my child, and will not implement any plans which have not been provided to the Pre-K in advance, in writing and unless same have been prescribed by the child's treating physician and/or health care provider. I further release Doral Academy, Inc., Doral Pre-K, its designees, employees, directors, officers, agents, or assigns from any and all liability resulting from the administration of medication, medical act, or any other treatment, procedure, service or act performed to or for my child with reasonable care by Doral Academy, Inc., and/or Doral Pre-K's employees, agents, or assigns in furtherance of the child's written plan, and/or to meet my child's needs as described herein.
HEALTH EDUCATION SERVICES
DAILY DIABETIC LOG

Student's Name__________________________________________ School__________ Week of__________________

Doctor_________________________ Phone #____________________ Fax #________________________

TYPE OF INSULIN GIVEN ____________________________ (H = Humalog  R = Regular  NP = NPH  U = Ultra Lente) Given by (circle) PUMP INJECTION

For Pump, give reason for insulin administration: B = Bolus  C = Correction Dose  A = absent  V = no school  S = other

REMEMBER ADMINISTER INSULIN ONLY AT TIMES ORDERED

<table>
<thead>
<tr>
<th>DAY/DATE</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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Exhibit 2
# Health Education Services

## Daily Diabetic Log

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<tr>
<th>Date</th>
<th>Time</th>
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</tbody>
</table>

- **Date Received**: (Name and dosage)
- **Amount**: 
- **Parent/Guardian Signature**: 
- **Received By**: (School designee signature)
Exhibit 3
EMERGENCY CARE PLAN FOR DIABETICS

Students Name______________________________ Date__________________
Parent/Guardian Name________________________ Phone__________________
Work Phone_______________________________ Cell Phone__________________
Emergency Contact_________________________ Phone__________________
Work Phone_______________________________ Cell Phone__________________

LOW BLOOD SUGAR (HYPOGLYCEMIA)

<table>
<thead>
<tr>
<th>IF STUDENT EXHIBITS ANY OF THE FOLLOWING:</th>
<th>DO THESE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CHILD IS UNCONSCIOUS OR HAVING A SEIZURE</td>
<td>Call 911 immediately and notify parent/guardian</td>
</tr>
<tr>
<td></td>
<td>Administer Glucagon ______mg by injection</td>
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<td>(To be done by trained personnel only)</td>
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<tr>
<td></td>
<td>(Glucose gel can be administered inside cheek and massaged from outside while waiting for help to arrive, or during administration of Glucagon)</td>
</tr>
<tr>
<td></td>
<td>Student should be turned on his/her side and maintained in the &quot;recovery&quot; position till fully awake.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in personality/behavior</th>
<th>Check Blood Glucose level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak, shaky, tremulous</td>
<td>If within Target Range: ______ to ______</td>
</tr>
<tr>
<td>Tired, drowsy, fatigued</td>
<td>Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes.</td>
</tr>
<tr>
<td>Dizzy, confused</td>
<td></td>
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<tr>
<td>Headache</td>
<td></td>
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<tr>
<td>Rapid heart rate</td>
<td></td>
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<tr>
<td>Nausea, loss of appetite</td>
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<tr>
<td>Clammy, sweating</td>
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<tr>
<td>Blurred vision</td>
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<td>Slurred Speech</td>
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</tbody>
</table>

<p>| Give one of the following sources of sugar: |
| 4oz of Juice or Regular soda |
| 2 to 4 glucose tabs |
| Glucose gel or cake frosting |
| 8 oz milk |
| Recheck blood glucose 15 minutes after treatment. |
| Repeat above treatment if blood glucose below ______ |
| If blood glucose not above _____ after second treatment notify parent |</p>
<table>
<thead>
<tr>
<th>HIGH BLOOD SUGAR (HYPERGLYCEMIA)</th>
<th>IF STUDENT EXHIBITS ANY OF THE FOLLOWING:</th>
<th>DO THESE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme thirst</td>
<td>Check Blood Glucose level</td>
<td>If within Target Range: _____ to _____</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes</td>
</tr>
</tbody>
</table>
| Abdominal pain                   |                                           | If blood glucose above  
| Nausea                           |                                           | Drink 8-16 oz of water or DIET soda every hour  
| Increased need to use the bathroom |                                           | Use restroom as often as needed  
|                                  |                                           | Be allowed to carry water bottle with them  

If blood glucose above

- Check urine ketones
- If urine ketones are moderate or large call parent immediately! Do not allow exercise.
- Administer insulin if ordered

If student exhibits nausea, vomiting, stomachache or lethargy contact parent ASAP.

If none of the physical symptoms above are present student may return to class.