



**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD**  
**STUDENT DIABETES MANAGEMENT PLAN OF CARE ANNUAL REVIEW:**  
**APPENDIX D**

When there are no significant changes to Sections 3-8 of the Student Diabetes Plan of Care ([Appendix B](#)), school staff, parent(s), and student (where age-appropriate) can use this Annual Review Record to confirm that the plan has been reviewed, and any changes to Sections 1 and 2 (Student Profile and Information and Emergency Contacts) has been updated and included with the Plan of Care. When the Plan of Care requires significant changes, complete a new **Student Diabetes Management Plan of Care** ([Appendix B](#)).

<input type="checkbox"/> This plan remains in effect for the _____ to _____ school year without change.  Parent/Guardian: _____ Date: _____  Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the _____ to _____ school year without change.  Parent/Guardian: _____ Date: _____  Principal: _____ Date: _____
<input type="checkbox"/> This plan remains in effect for the _____ to _____ school year without change.  Parent/Guardian: _____ Date: _____  Principal: _____ Date: _____
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