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| When there are no significant changes to Sections 3-8 of the Student Diabetes Plan of Care [(Appendix B),](https://docushare.ncdsb.com/dsweb/Get/Document-1953091/Appendix%20B%20Student%20Diabetes%20Management%20Plan%20of%20Care%20-%20Fillable%20Form.pdf) 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).](https://docushare.ncdsb.com/dsweb/Get/Document-1953091/Appendix%20B%20Student%20Diabetes%20Management%20Plan%20of%20Care%20-%20Fillable%20Form.pdf) |

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| **This plan remains in effect for the YYYY to YYYY school year without change.** | | | |
| **Parent/Guardian:** |  | **Date:** |  |
| **Principal:** |  | **Date:** |  |
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| **This plan remains in effect for the YYYY to YYYY school year without change.** | | | |
| **Parent/Guardian:** |  | **Date:** |  |
| **Principal:** |  | **Date:** |  |
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| **This plan remains in effect for the YYYY to YYYY school year without change.** | | | |
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| **Principal:** |  | **Date:** |  |
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| **This plan remains in effect for the YYYY to YYYY school year without change.** | | | |
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| **This plan remains in effect for the YYYY to YYYY school year without change.** | | | |
| **Parent/Guardian:** |  | **Date:** |  |
| **Principal:** |  | **Date:** |  |
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