

Quick Reference Emergency Plan for a Student with Diabetes



Hypoglycemia (Low Blood Sugar)

Student's Name _____

Grade/Teacher _____ Date of Plan _____

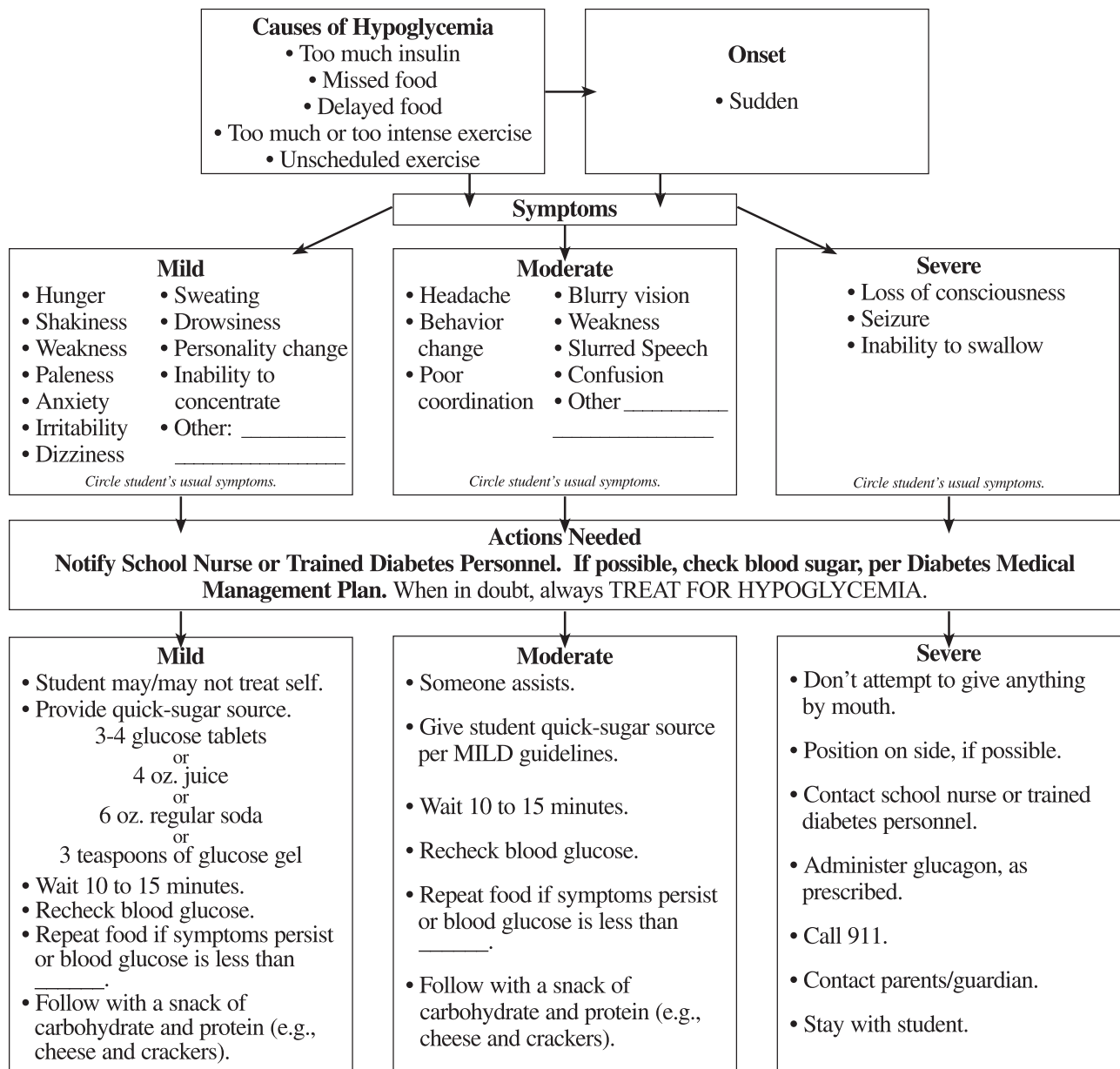
Emergency Contact Information: _____

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.



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Photo

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