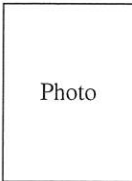


# Quick Reference Emergency Plan

## for a Student with Diabetes

### Hypoglycemia (Low Blood Sugar)



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

Grade/Teacher \_\_\_\_\_ Date of Plan \_\_\_\_\_

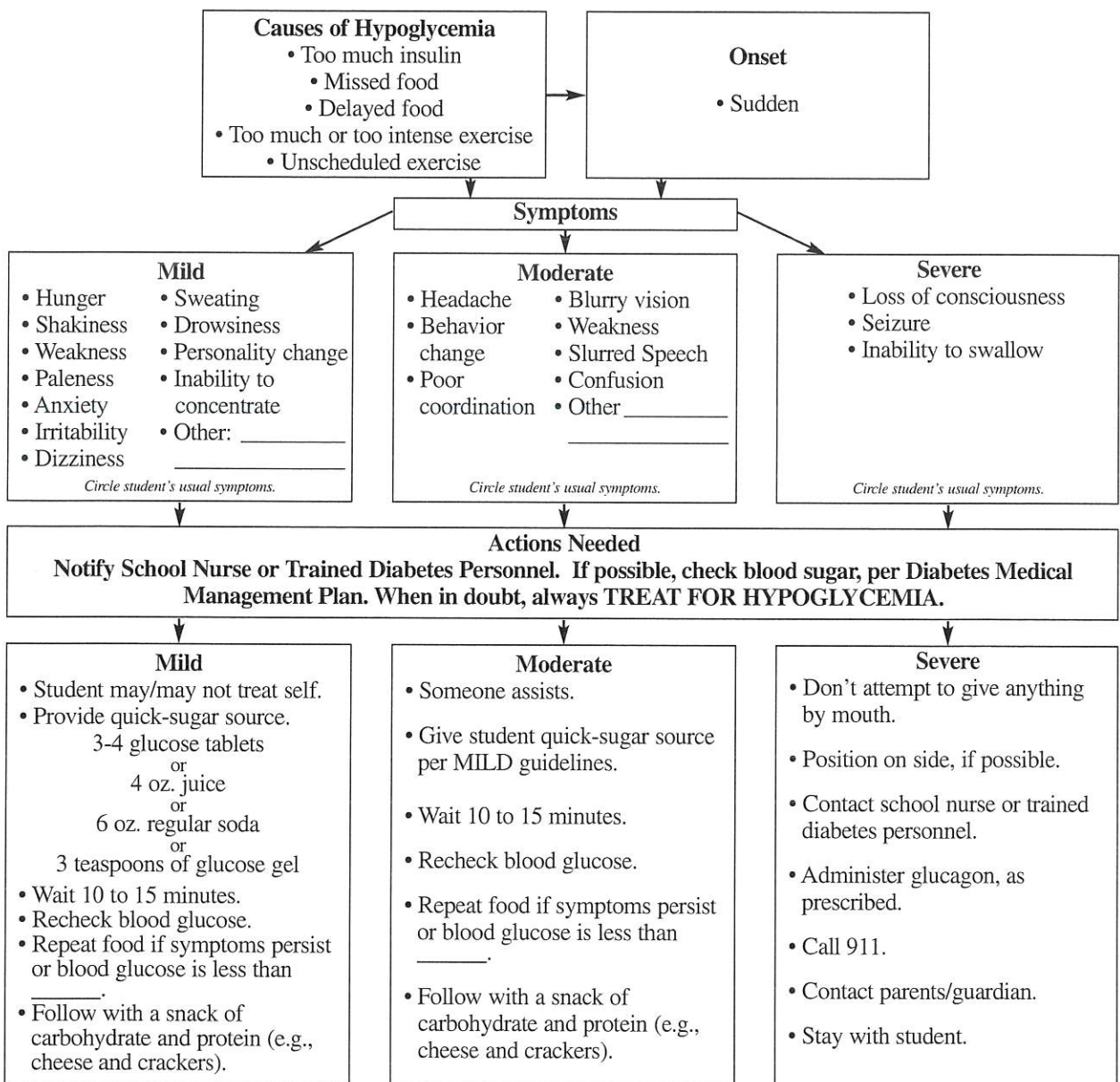
Emergency Contact Information: \_\_\_\_\_

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.**

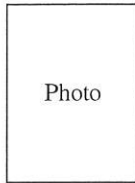


TOOLS

# Quick Reference Emergency Plan

## for a Student with Diabetes

### Hyperglycemia (High Blood Sugar)




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

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Grade/Teacher \_\_\_\_\_ Date of Plan \_\_\_\_\_

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Emergency Contact Information:

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Mother/Guardian			Father/Guardian		
Home phone	Work phone	Cell	Home phone	Work phone	Cell

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School Nurse/Trained Diabetes Personnel \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

