School Name		**EMERGENCY CARE PLAN** **DIABETES**
School Address		
School Address		

Student Name:		**Student ID:**		**Date:**	
School:	**Grade:**	**Birthdate:**		**Primary Language:**	

- The school district intends to use the requested information to provide your child's health and safety needs while at school.
- You may refuse to supply the requested personal information.
- If this form is not completed, it may result in an incomplete health and safety plan for your child.
- Medications are not administered at school without physician and parent signatures.
- The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety and school success. (MS Section 13.04, Subdivision 2)

HEALTH CARE INFORMATION

Health Care Provider:		**Phone:**	
Hospital of Choice:		**Phone:**	

CONTACT INFORMATION

Parent/Guardian	**Relationship**	**Phone #**	**Phone Type**	**Primary Language**
Parent/Guardian	**Relationship**	**Phone #**	**Phone Type**	**Primary Language**

Home Phone:	

Blood sugar target range:		**to**	

SIGNS AND SYMPTOMS OF LOW BLOOD SUGAR

- ☐ Shaking/trembling
- ☐ Dizziness/difficulty with coordination
- ☐ Irritability
- ☐ Loss of consciousness
- ☐ Sweating
- ☐ Other: _____
- ☐ Pallor
- ☐ Hunger/butterfly feeling
- ☐ Blurred vision
- ☐ Weakness/drowsy
- ☐ Tingling sensation
- ☐ Confusion/disorientation
- ☐ Severe headache
- ☐ Anxious
- ☐ Rapid heat beat

EMERGENCY PLAN OF ACTION

- Must accompany to heath office immediately or call: _____
- If unable to walk to health office, call: _____
- Health office to test and record blood sugar: _____

• **If less than:**		**give**	
• **If more than:**		**give**	

If student is conscious:

- **Give snack:** _____
- If unable to give snack, give glucose gel inside of cheek.
- Recheck blood sugar in 10 minutes and give another snack if needed.
- Notify parents of situation.
- After treatment, the student may resume his/her schedule if blood sugar returns to target range.

If student is not conscious or is unable to swallow:

- Call **911** immediately.
- Do not give anything to eat or drink.
- Administer glucagons per MD order *(turn to side as vomiting usually occurs*).

SPECIAL INSTRUCTIONS

Field Trip:

Physician Signature:		**Date:**	
School Nurse Signature:		**Date:**	
Parent Signature:		**Date:**	