

Quick Reference Emergency Plan

for a Student with Diabetes
Hyperglycemia
 (High 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) _____		

