

Quick Reference Emergency Plan

for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Photo

Student's Name _____

Grade/Teacher _____

Date of Plan _____

Emergency Contact Information:

Mother/Guardian _____

Father/Guardian _____

Home phone _____

Work phone _____

Cell _____

Home phone _____

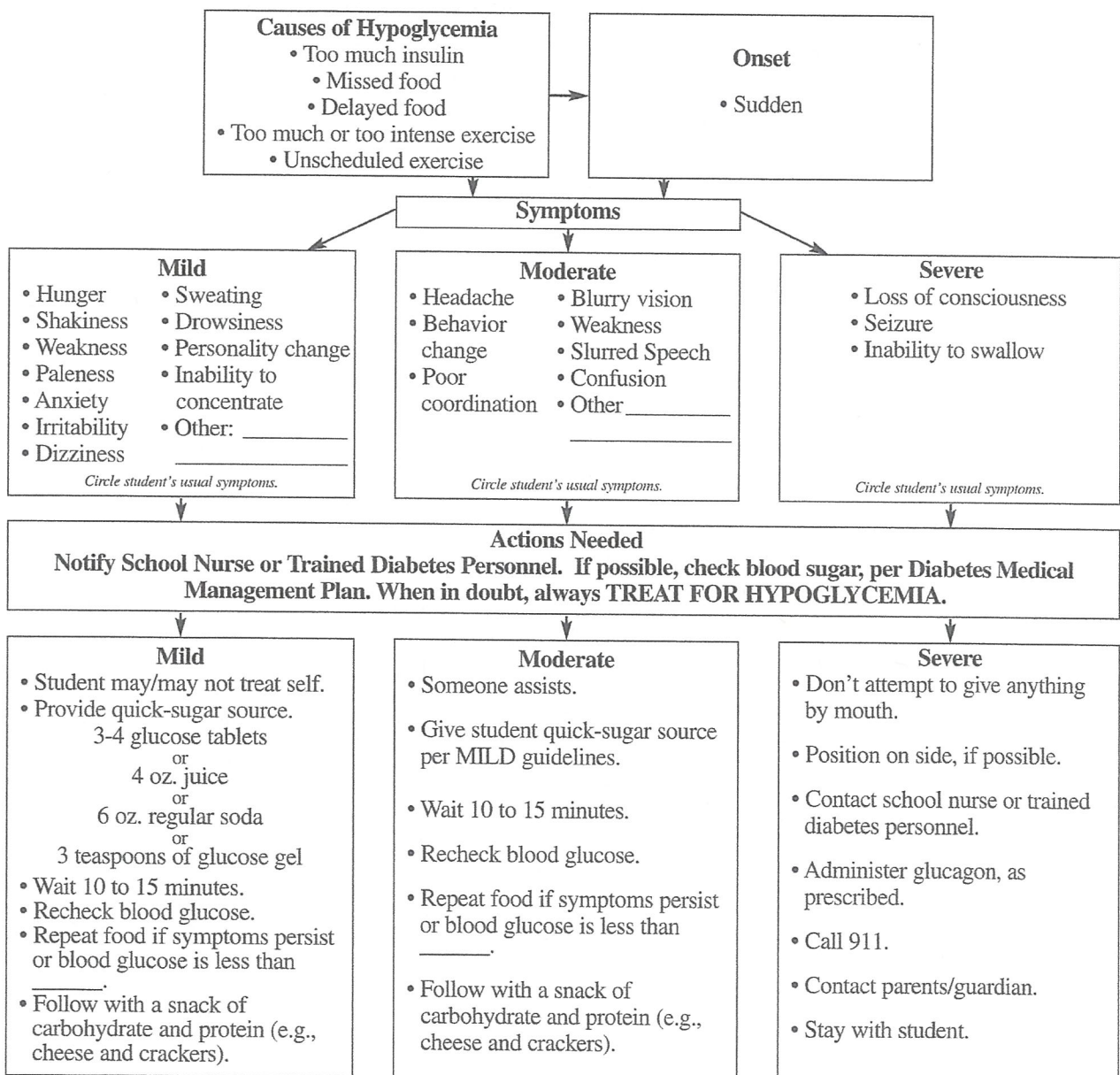
Work phone _____

Cell _____

School Nurse/Trained Diabetes Personnel _____

Contact Number(s) _____

Never send a child with suspected low blood sugar anywhere alone.



TOOLS