FORT BEND INDEPENDENT SCHOOL DISTRICT
School Health Services

TRANSPORTATION EMERGENCY PLAN

PHOTO

School Year _____

Student Name _____

ID#_____ DOB_____ Age _____

Address _____

Nurse-Trained Diabetes Personnel _____

Contact # _____ Cell # _____

Emergency Contact Information

Legal Guardian: (relationship to student):	Home ( )	Work ( )	Pager ( )
Legal Guardian: (relationship to student):	Home ( )	Work ( )	Pager ( )
Emergency Contact #1 (relationship to student):	Home ( )	Work ( )	Pager ( )
Emergency Contact #2 (relationship to student):	Home ( )	Work ( )	Pager ( )

STUDENT SPECIFIC SIGNS OF LOW BLOOD SUGAR:

_____

_____

ACTIONS:

1. Allow juice / snack
2. Call ambulance if student cannot swallow

Never send a child with suspected low blood sugar anywhere alone.
Have the student sit at the front of the school bus in view of the driver.

NECESSARY DIABETES EQUIPMENT REQUIRED BY THIS STUDENT:

_____

_____

FORT BEND INDEPENDENT SCHOOL DISTRICT
School Health Services

TRANSPORTATION EMERGENCY PLAN for: _____

LENGTH OF BUS TRIP TO SCHOOL: _____

LENGTH OF BUS TRIP FROM SCHOOL: _____

OTHER IMPORTANT INFORMATION:

_____

_____

_____

I agree to inform the school nurse of any changes in the above information as they occur.

_____

Parent Signature Date

GENERAL SIGNS OF LOW BLOOD SUGAR:

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Inability to concentrate

Moderate

- Headache
- Behavior change
- Poor coordination
- Blurry vision
- Weakness
- Slurred Speech
- Confusion

Severe

- Loss of consciousness
- Seizure
- Inability to swallow