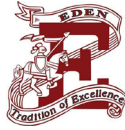


Eden Central Schools

Pupil Personnel Services
3000 Schoolview Road
Eden, New York 14057



Merrie Maxon
Director of Pupil Personnel Services

Phone (716) 992-3645
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DIABETES – HYPOGLYCEMIA

Student: _____ Grade: _____ DOB: _____
School Contact: _____ Documentation: ON FILE ATTACHED
Unrestricted access to: ☐ Backpack ☐ Cell phone
Mother: _____ Home #: _____ Work #: _____ Cell #: _____
Father: _____ Home #: _____ Work #: _____ Cell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Shaking, fast heartbeat, sweating, anxiety, irritability
- Complaints of hunger, impaired vision, weakness or fatigue
- **Onset may be sudden and can progress to Insulin Shock**

SEVERE SYMPTOMS INCLUDE:

- Appears very pale, feels faint, loss of consciousness
- Seizure activity

STAFF MEMBERS INSTRUCTED: ☐ Classroom Teacher(s) ☐ Special Area Teacher(s)
☐ Administration ☐ Support Staff ☐ Transportation Staff

Student
Photo

TREATMENT:

Stop any activity immediately.
Accompany the student to the Health Office. Notify school nurse immediately.
If off school grounds, provide a source of glucose:
½ - ¾ cup juice
Glucose tabs
Hard candy
Regular soda (not diet!)
Glucose gel

Notify parents/guardian (do not delay treatment by calling – treat or obtain treatment for student first).

STEPS TO FOLLOW FOR A HYPOGLYCEMIC EMERGENCY:

Glucagon ordered: ☐ Yes ☐ No
If Glucagon is ordered, it should be given by a willing volunteer who has been trained by the school nurse if student is unconscious, unresponsive or having a seizure.
After Glucagon is given, call 911. Notify parents. Preferred Hospital if transported: _____
Students receiving glucagon without their parent or guardian present should be transported to the hospital by ambulance.
A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider: _____ Phone: _____
Written by: _____ Date: _____
☐ Copy provided to Parent

Parent/Guardian Signature to share this plan with Provider and School Staff: _____