

## Quick Reference Emergency Plan For a Student with Diabetes Hyperglycemia- (High Blood Sugar)

Student's Name \_\_\_\_\_ Date of Plan \_\_\_\_\_

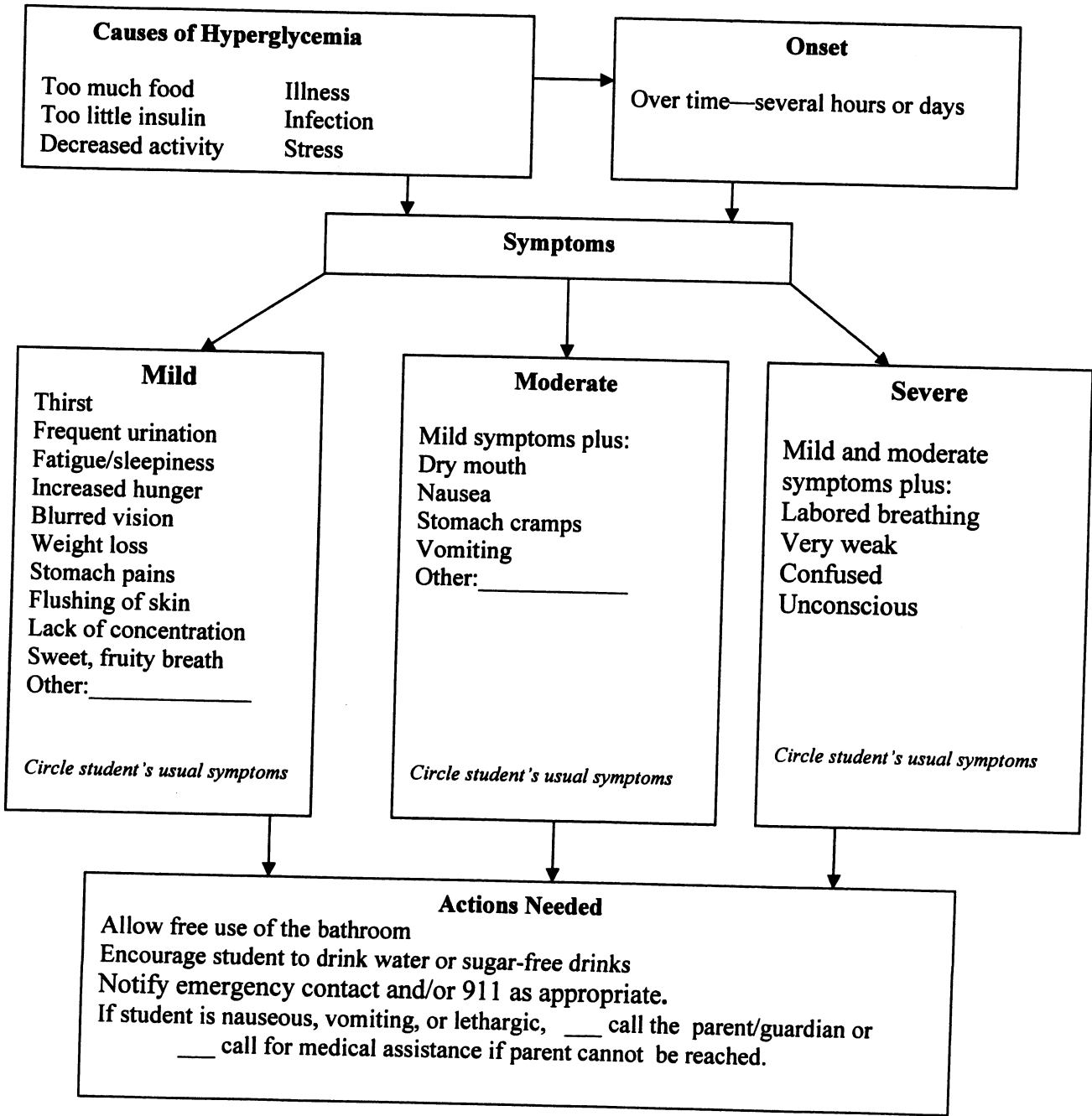
Grade/Teacher \_\_\_\_\_ Campus \_\_\_\_\_ Bus Number \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

School Nurse \_\_\_\_\_ Trained Diabetes Personnel \_\_\_\_\_ Trained Diabetes Personnel \_\_\_\_\_ Trained Diabetes Personnel \_\_\_\_\_

Emergency Contact Numbers Other Than Those Listed Above \_\_\_\_\_



# Quick Reference Emergency Plan For a Student with Diabetes Hypoglycemia- (Low Blood Sugar)

Student's Name \_\_\_\_\_

Date of Plan \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Campus \_\_\_\_\_

Bus Number \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

School Nurse \_\_\_\_\_

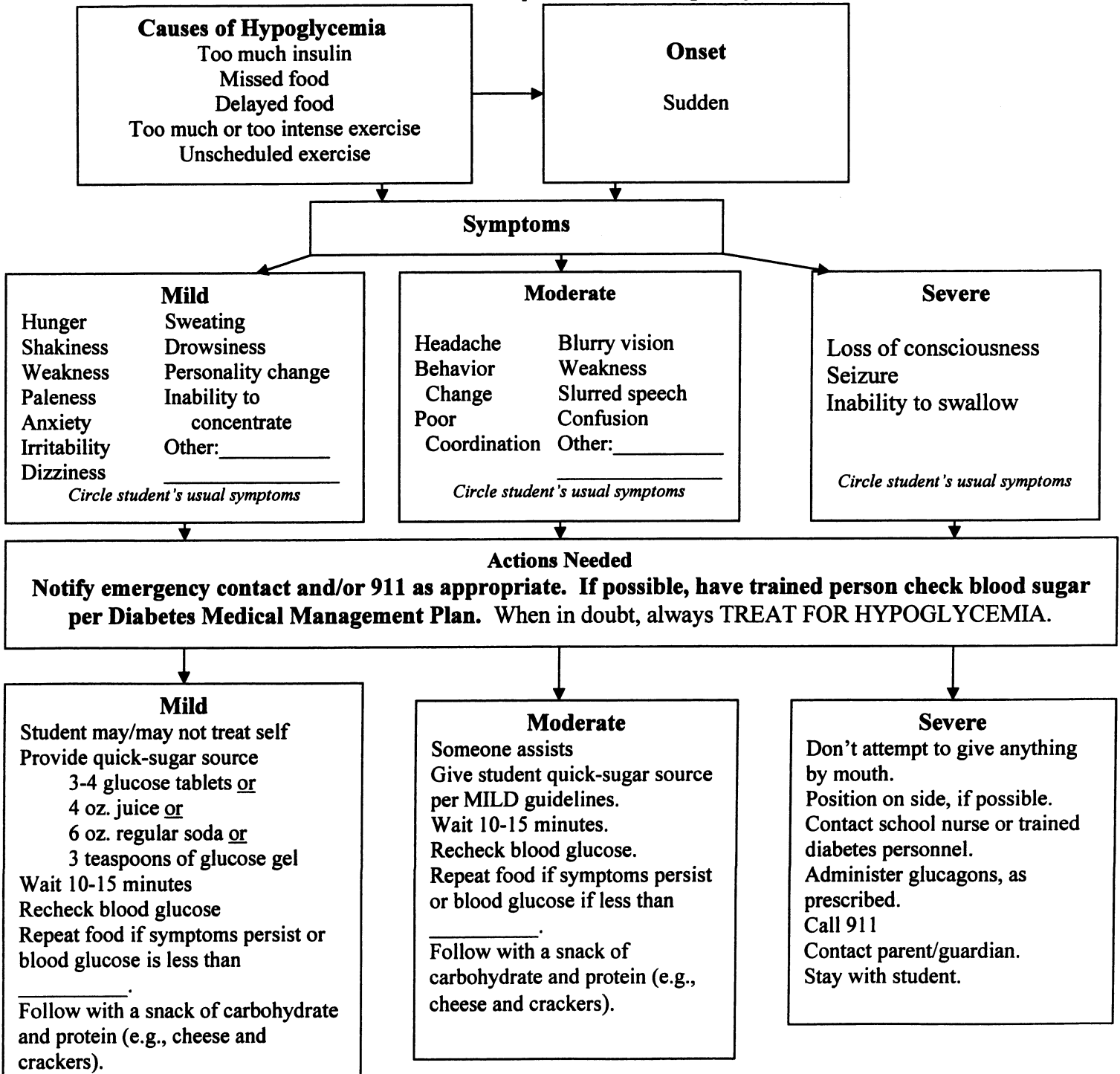
Trained Diabetes Personnel \_\_\_\_\_

Trained Diabetes Personnel \_\_\_\_\_

Trained Diabetes Personnel \_\_\_\_\_

Emergency Contact Numbers Other Than Those Listed Above

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



**Quick Reference Emergency Plan-Transportation  
For a Student with Diabetes  
Hyperglycemia  
(High Blood Sugar)**

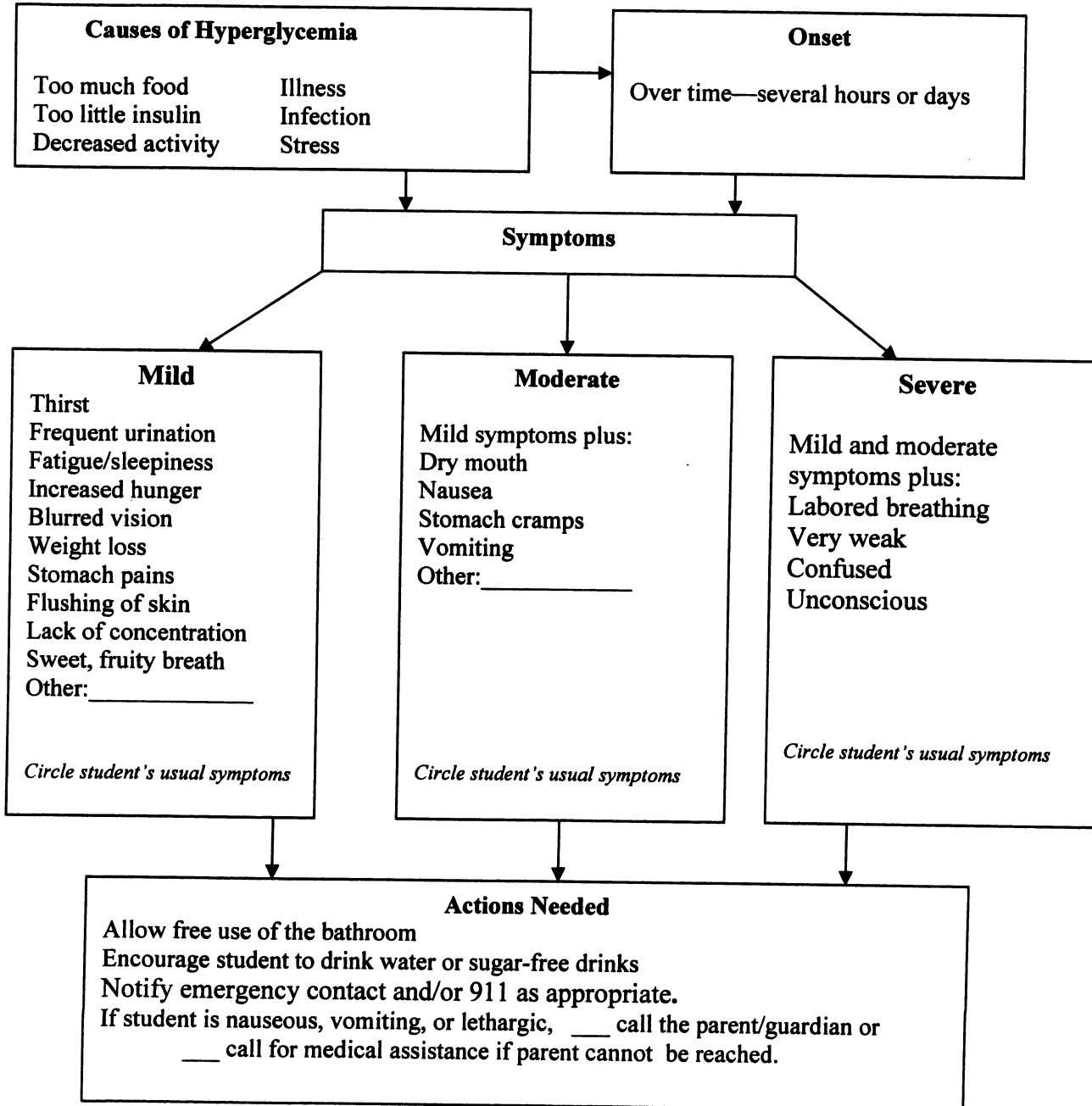
Student's Name \_\_\_\_\_

Date of Plan \_\_\_\_\_

Grade \_\_\_\_\_

Campus \_\_\_\_\_

Bus Number \_\_\_\_\_



**Quick Reference Emergency Plan-Transportation  
For a Student with Diabetes  
Hypoglycemia  
(Low Blood Sugar)**

Student's Name \_\_\_\_\_

Date of Plan \_\_\_\_\_

Grade \_\_\_\_\_

Campus \_\_\_\_\_

Bus Number \_\_\_\_\_

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

**Causes of Hypoglycemia**  
Too much insulin  
Missed food  
Delayed food  
Too much or too intense exercise  
Unscheduled exercise

**Onset**  
  
Sudden

**Symptoms**

**Mild**

Hunger  
Shakiness  
Weakness  
Paleness  
Anxiety  
Irritability  
Dizziness

Sweating  
Drowsiness  
Personality change  
Inability to concentrate  
Other: \_\_\_\_\_  
\_\_\_\_\_

*Circle student's usual symptoms*

**Moderate**

Headache  
Behavior Change  
Poor Coordination

Blurry vision  
Weakness  
Slurred speech  
Confusion  
Other: \_\_\_\_\_  
\_\_\_\_\_

*Circle student's usual symptoms*

**Severe**

Loss of consciousness  
Seizure  
Inability to swallow

*Circle student's usual symptoms*

**Actions Needed**

**Notify emergency contact and/or 911 as appropriate. If possible, have trained person check blood sugar per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA.**

**Mild**

Student may/may not treat self  
Provide quick-sugar source  
3-4 glucose tablets or  
4 oz. juice or  
6 oz. regular soda or  
3 teaspoons of glucose gel  
Wait 10-15 minutes  
Recheck blood glucose  
Repeat food if symptoms persist or  
blood glucose is less than  
\_\_\_\_\_  
Follow with a snack of carbohydrate  
and protein (e.g., cheese and  
crackers).

**Moderate**

Someone assists  
Give student quick-sugar source  
per MILD guidelines.  
Wait 10-15 minutes.  
Recheck blood glucose.  
Repeat food if symptoms persist  
or blood glucose is less than  
\_\_\_\_\_  
Follow with a snack of  
carbohydrate and protein (e.g.,  
cheese and crackers).

**Severe**

Don't attempt to give anything  
by mouth.  
Position on side, if possible.  
Contact school nurse or trained  
diabetes personnel.  
Administer glucagons, as  
prescribed.  
Call 911  
Contact parent/guardian.  
Stay with student.

***Emergency Contact Information for a Student with Diabetes***

\_\_\_\_\_  
Student's Name \_\_\_\_\_  
Date of Plan

\_\_\_\_\_  
Grade/Teacher \_\_\_\_\_ \_\_\_\_\_  
Campus Bus Number

\_\_\_\_\_  
Mother/Guardian \_\_\_\_\_  
Address

\_\_\_\_\_  
Home phone \_\_\_\_\_ \_\_\_\_\_  
Work phone Cell

\_\_\_\_\_  
Father/Guardian \_\_\_\_\_  
Address

\_\_\_\_\_  
Home phone \_\_\_\_\_ \_\_\_\_\_  
Work phone Cell

\_\_\_\_\_  
School Nurse \_\_\_\_\_  
Campus phone

\_\_\_\_\_  
Alternate Nurse \_\_\_\_\_  
Campus phone

\_\_\_\_\_  
Trained Diabetes Personnel \_\_\_\_\_  
Campus phone

\_\_\_\_\_  
Trained Diabetes Personnel \_\_\_\_\_  
Campus phone

\_\_\_\_\_  
Trained Diabetes Personnel \_\_\_\_\_  
Campus phone

\_\_\_\_\_  
Physician's Name \_\_\_\_\_ \_\_\_\_\_  
Phone Emergency Phone

\_\_\_\_\_  
Diabetes Nurse \_\_\_\_\_ \_\_\_\_\_  
Phone Emergency Phone

\_\_\_\_\_  
Hospital of Choice

\_\_\_\_\_  
Emergency Contact Numbers Other Than Those Listed Above