

# Quick Reference Emergency Plan for a Student with Diabetes

Photo

## Hypoglycemia (Low Blood Sugar)

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

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

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

Emergency Contact Information:

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

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

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

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

Cell \_\_\_\_\_

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

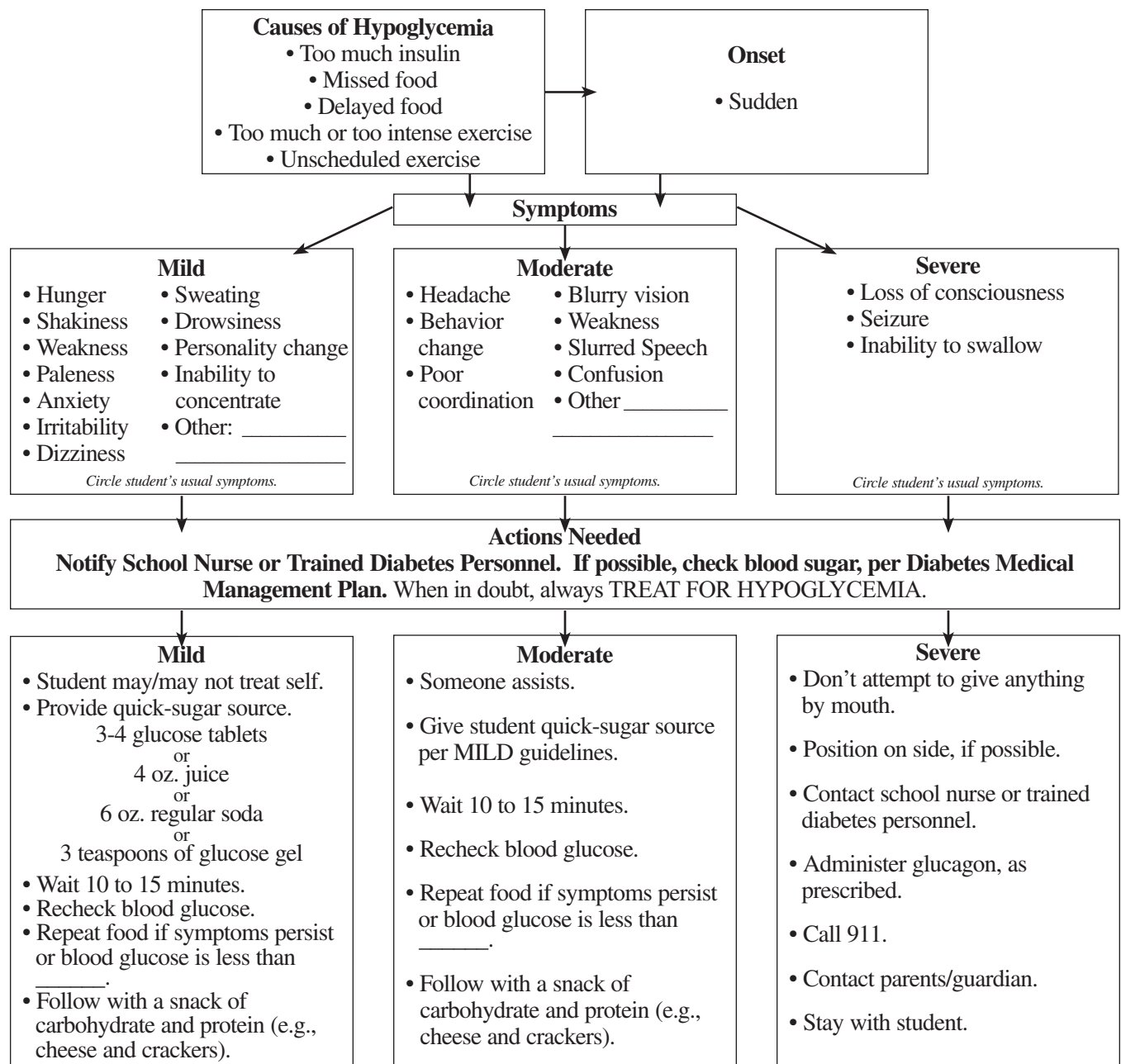
Work phone \_\_\_\_\_

Cell \_\_\_\_\_

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

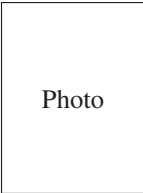
Contact Number(s) \_\_\_\_\_

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



S7001

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