

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Level II

for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

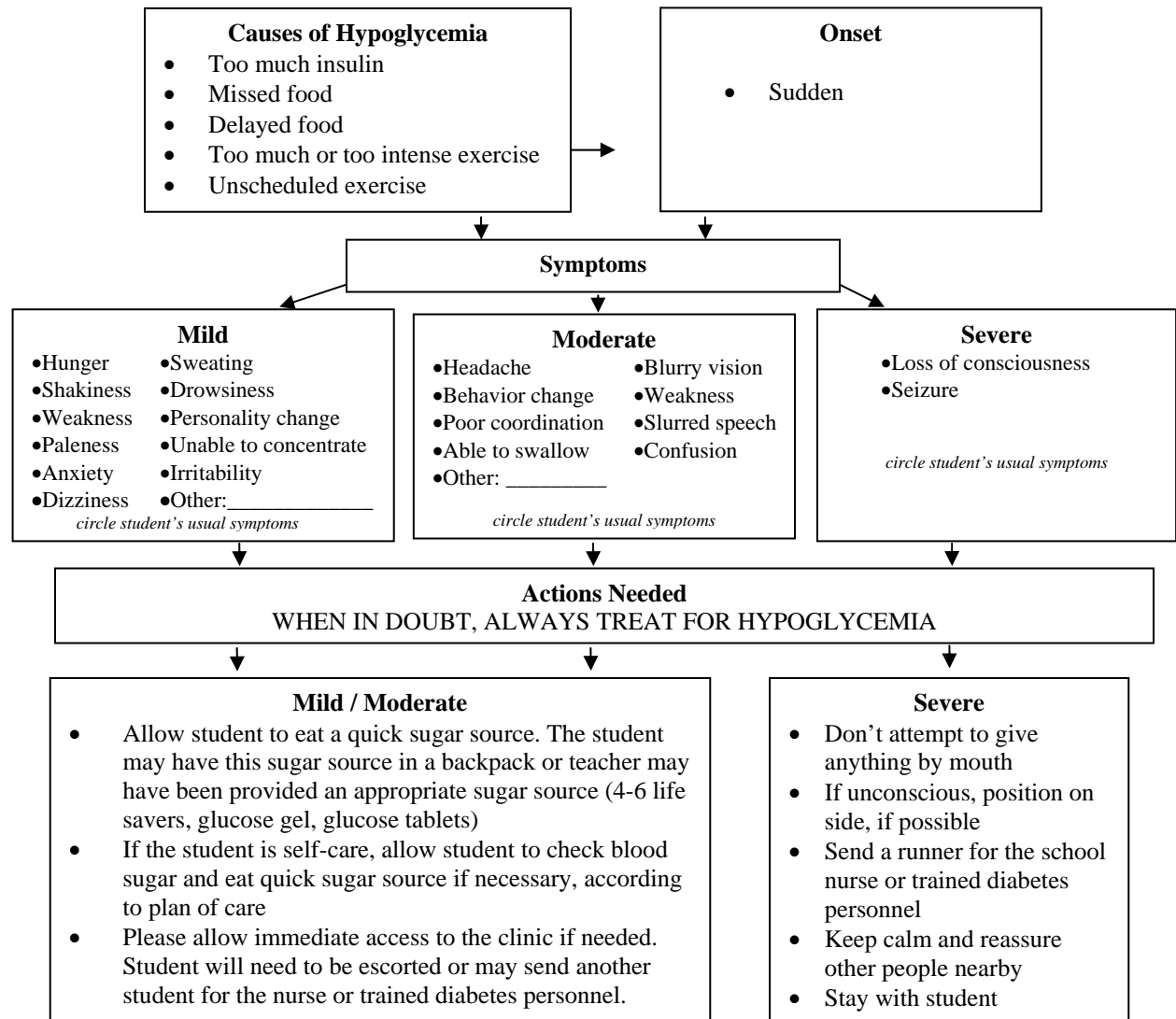
Home phone: _____ Work phone: _____ Cell phone: _____

Trained Diabetes personnel: _____

Scheduled classroom snack: _____

Is student self care? _____ Yes _____ No

Never send/leave a student with suspected low blood sugar anywhere alone



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