

# Quick Reference Emergency Plan – Off-Campus Activity Sponsor

## 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 \_\_\_\_\_

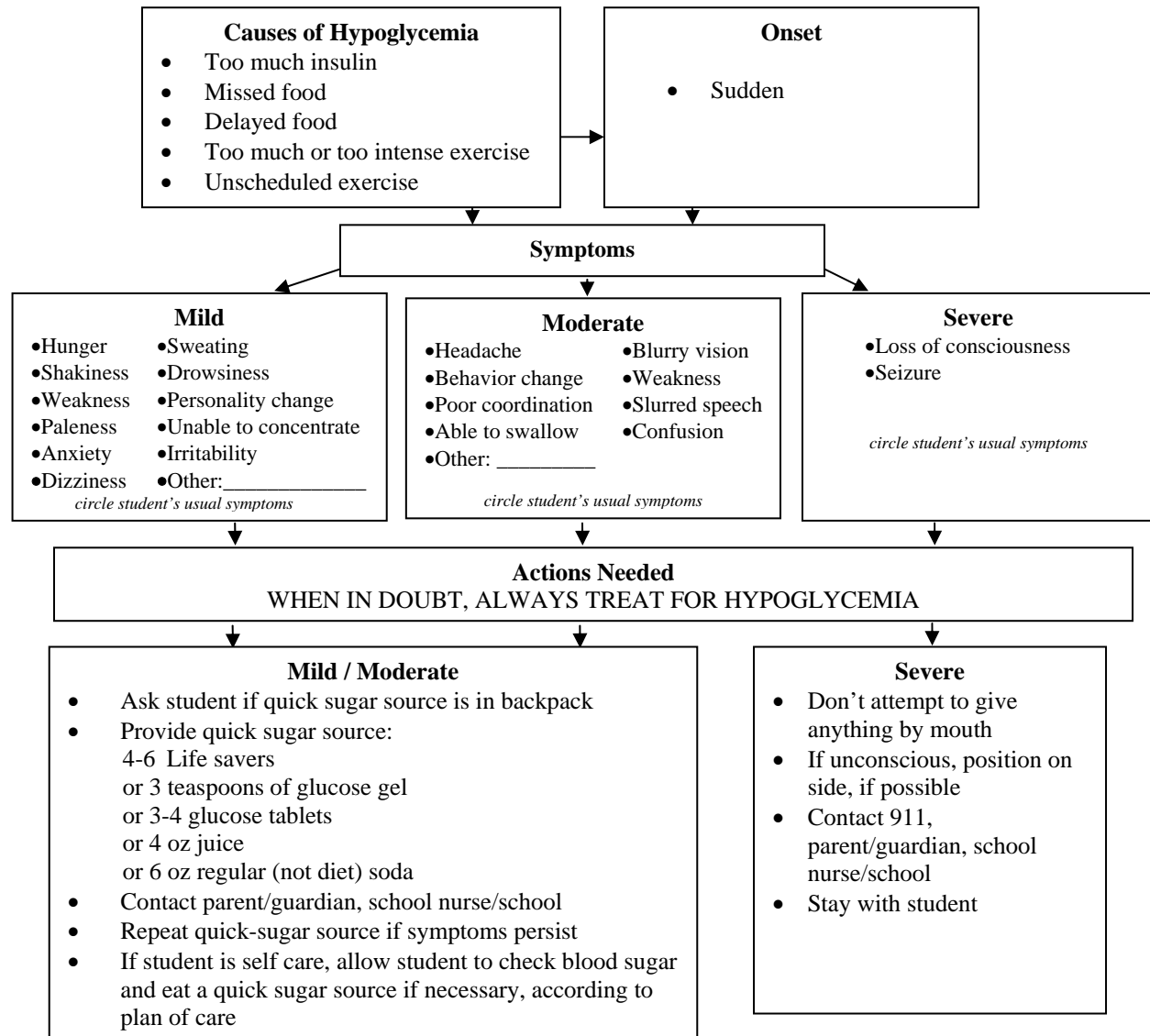
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School Phone: \_\_\_\_\_ School nurse phone: Clinic \_\_\_\_\_ Cell: \_\_\_\_\_

Trained Diabetes personnel: \_\_\_\_\_

Is student self care? \_\_\_\_\_ Yes \_\_\_\_\_ No

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



# Quick Reference Emergency Plan – Off-Campus Activity Supervisor

for a Student with Diabetes

## Hyperglycemia (High 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: \_\_\_\_\_

School Phone: \_\_\_\_\_ School nurse phone: Clinic \_\_\_\_\_ Cell: \_\_\_\_\_

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

Is student self care? \_\_\_\_\_ Yes \_\_\_\_\_ No

