

DIABETES EMERGENCY CARE PLAN

Student Name:	Grad	le: Locker #
Medical Condition: [] Type [] Type	I Diabetes Date of diagnosis II Diabetes	S:

Other Medical conditions:

Emergency Contact Information:

	Mobile	Ноте	Work
Mother			
Father			
Physician			
Other: (nanny, driver, grandparent)			

Current Medication(s):

Name of Medication	Dosage (units)	Time	Used at home or at school

** In the event of symptoms in the classroom, call for the School Nurse to come to the classroom or have the student escorted to the Nurse's Office with an adult!! **

** In the event of a fire drill, _____ must take his medications and supplies with him/her **

This **Emergency Care Plan** will be followed by all staff members during a diabetic emergency. A more comprehensive **Diabetes Medical Management Plan (DMMP)** is on file in the Nurse's Office which is to be followed by trained personnel.

Parent Signature	Date
School Nurse Signature	Date
Classroom Teacher Signature	Date

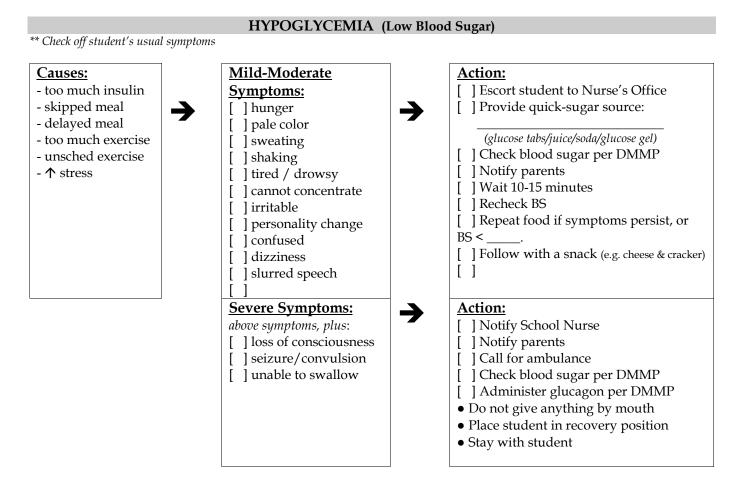
** If your child has DIABETES, please complete this form with the assistance of your child's doctor **

Student Name: ____

Grade: _____

QUICK REFERENCE EMERGENCY PLAN

(detailed DMMP in Nurse's Office)



HYPERGLYCEMIA (High Blood Sugar)

