



# Quick Reference Emergency Plan for a Student with Diabetes

## 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.**

