



Quick Reference Emergency Plan for a Student with Diabetes

Hyperglycemia (High 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) _____

