

Student:	Grade:	School Contact:	DOB:
Mother:	M Home #: _	M Work #:	M Cell #:
Father:	F Home #: _	F Work #:	F Cell #:
Emergency Contact:		Relationship:	Phone:
 SYMPTOMS OF A HYPOG Shaking, fast heartbe Complaints of hunge Onset may be sudd SEVERE SYMPTOMS Appears very pale, for Seizure activity 	eat, sweating, anx r, impaired vision, en and can prog	weakness or fatigue ress to Insulin	Student Photo
STAFF MEMBERS INS	STRUCTED:	☐ Classroom Teacher(s)	☐ Special Area Teacher(s)
Administ	ration	☐ Support Staff	☐ Transportation Staff
If off school groun ½ - ¾ cup Glucose to Hardy can Regular so Glucose g	udent to the Health ds, provide a source juice abs dy oda (not diet!)		ediately. btain treatment for student first).
STEPS TO FOLLOW FOR A HYPOGLYCEMIC EMERGENCY:			
student is unconscious, un After Glucagon is given, c Students, receiving glucaç ambulance. A staff memb	should be given by a nresponsive or havi all 911. Notify parer gon without their pa er should accompar	nts. Preferred Hospital if transporent or guardian present should	orted: be transported to the hospital by room if the parent, guardian or
Healthcare Provider:		Phone:	
Written by:		Date:	
☐ Copy provided to Parent ☐ Copy sent to Healthcare Provider			ncare Provider
Parent/Guardian Signature	to share this plan	with Provider and School Staff:	

This plan is in effect for the current school year and summer school as needed.