



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

Diabetes Emergency Care Plan for SCHOOL

Student Name: _____ Birth Date _____ Date _____

School: _____ Teacher: _____

Grade: _____ Room: _____

Address: _____

Emergency Phone Numbers: _____

Mother: _____

Father: _____

Other: _____

Physician: _____

This student has diabetes which can place him/her at risk for experiencing hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) while at school. The following emergency plan is based on physician's recommendations: Child's symptoms of **Low Blood Sugar** include (circle all that apply):

1. Irritability
2. Fatigue
3. Sweating
4. Pale skin/clammy skin
5. Faintness/shakiness
6. Unconsciousness
7. Other _____

Target glucose range _____

Method to check glucose range _____

Glucose range checked by _____

Glucose range below _____ will require use of treatment plan indicated for low blood sugar.

Diabetes Emergency Care Plan for SCHOOL

The following symptoms are seen as severe reactions to high or low blood sugar:

- a. _____
- b. _____
- c. _____
- d. _____

Treatment Plan for Low Blood Sugar (child is still alert):

- a. Cup of Juice
- b. ½ box of raisins
- c. Several pieces of hard candy
- d. Other _____

Treatment Plan for Low Blood Sugar (child is not alert):

Administer amount of student's prescribed medication:

Name of Medication and Dosage: _____

High Blood Sugar

Target glucose range _____

Glucose range over _____ use treatment plan indicated for high blood sugar.

Child's symptoms of **High Blood Sugar** include (circle all that apply):

- 1. Excessive thirst and frequent urination
- 2. Blurred vision
- 3. Drowsiness
- 4. Fatigue
- 5. Abdominal Pain
- 6. Other _____

Treatment Plan for High Blood Sugar:

- 1. Notify parent.
- 2. Other _____.

IF A DIABETIC STUDENT IS VOMITING, IS UNABLE TO HOLD DOWN LIQUIDS, OR BECOMES UNCONSCIOUS, INFORM OFFICE TO CALL EMS.

School office will notify parent and EMS/911. If transportation to a hospital is necessary by ambulance, inform EMS to transport to:

If symptoms improve:

- ◆ Give reassurance.
- ◆ Notify school office.
- ◆ Notify parent.

Physician Signature _____

Parent Signature _____

This information expires on the last day of each school year.