

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

See reverse for
Part B and
signatures

Student Name _____

School _____

Teacher/grade _____

Mother/Guardian _____

Father/Guardian _____

Home phone _____

Work phone _____

Cell _____

Home phone _____

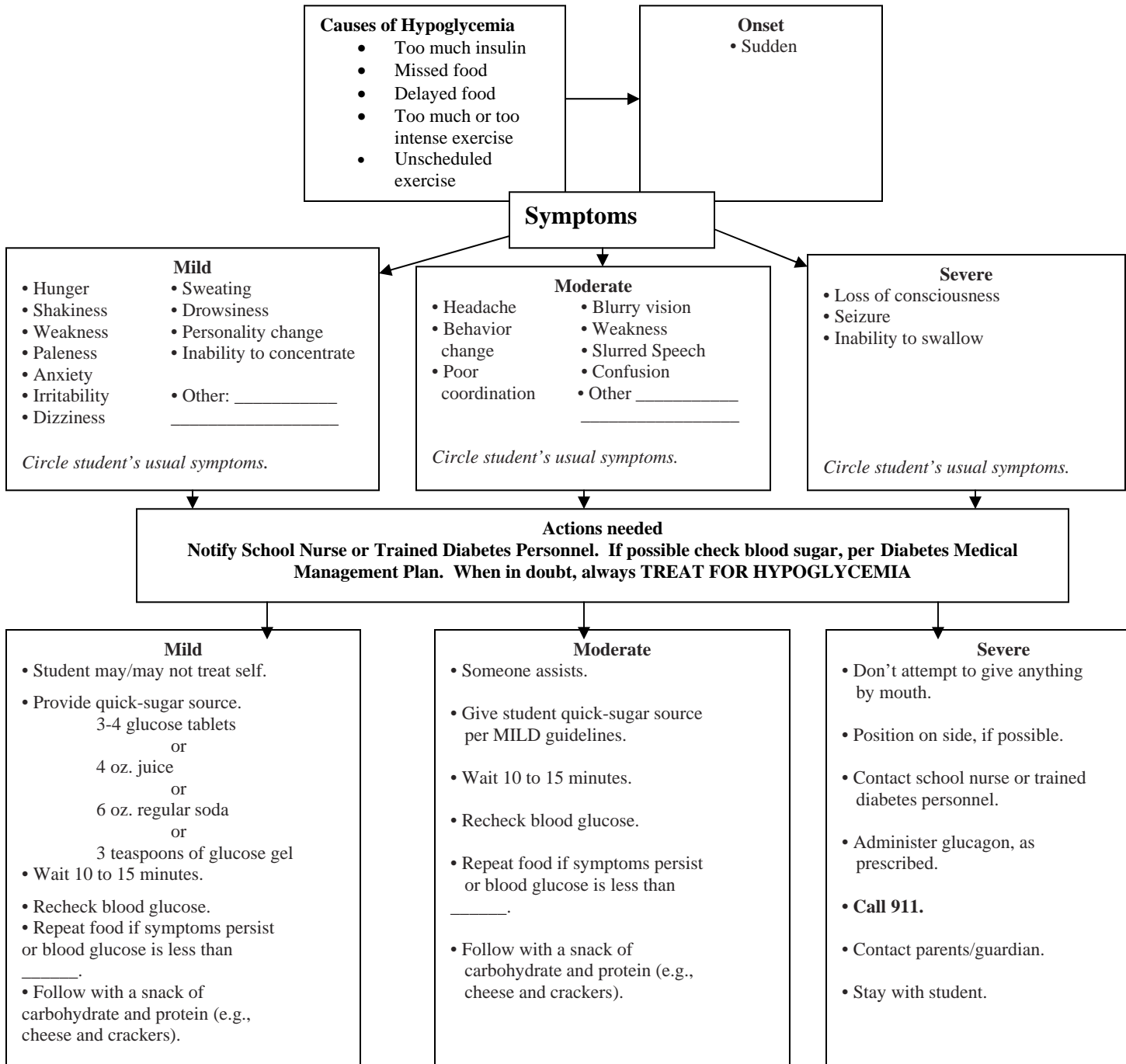
Work phone _____

Cell _____

Trained Diabetes Personnel _____

Contact Number(s) _____

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.

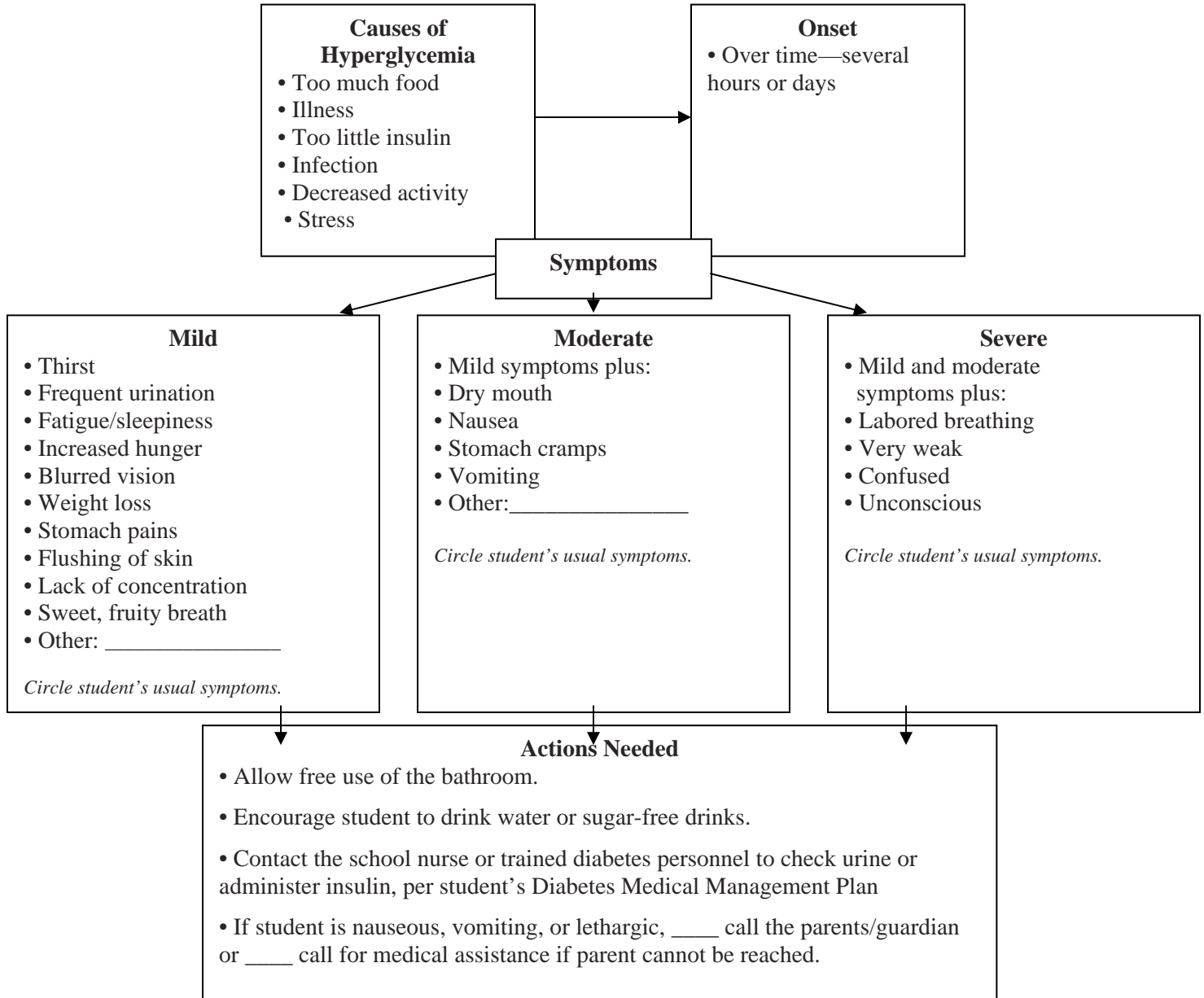


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Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

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This quick reference emergency plan reflects orders stated in the Diabetes Medical Management plan and is authorized by;

 Licensed Health Care Provider

 Telephone

 Date

 Parent

 Telephone

 Date