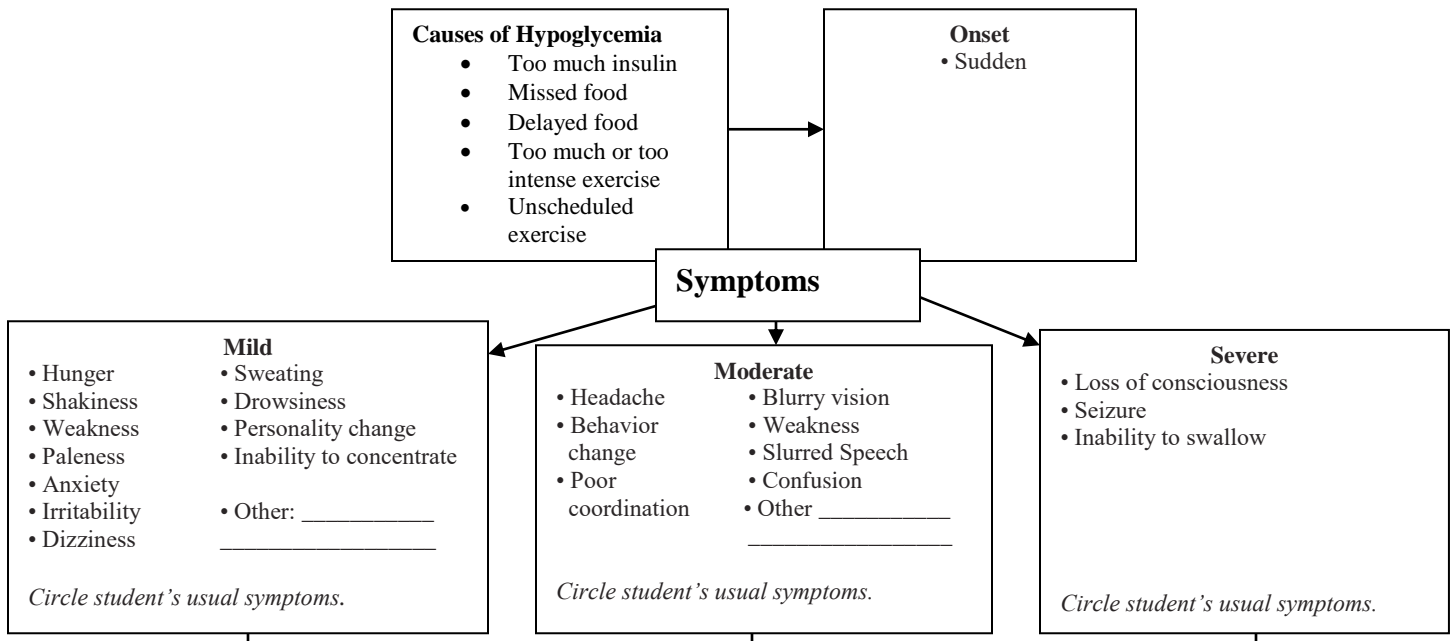


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

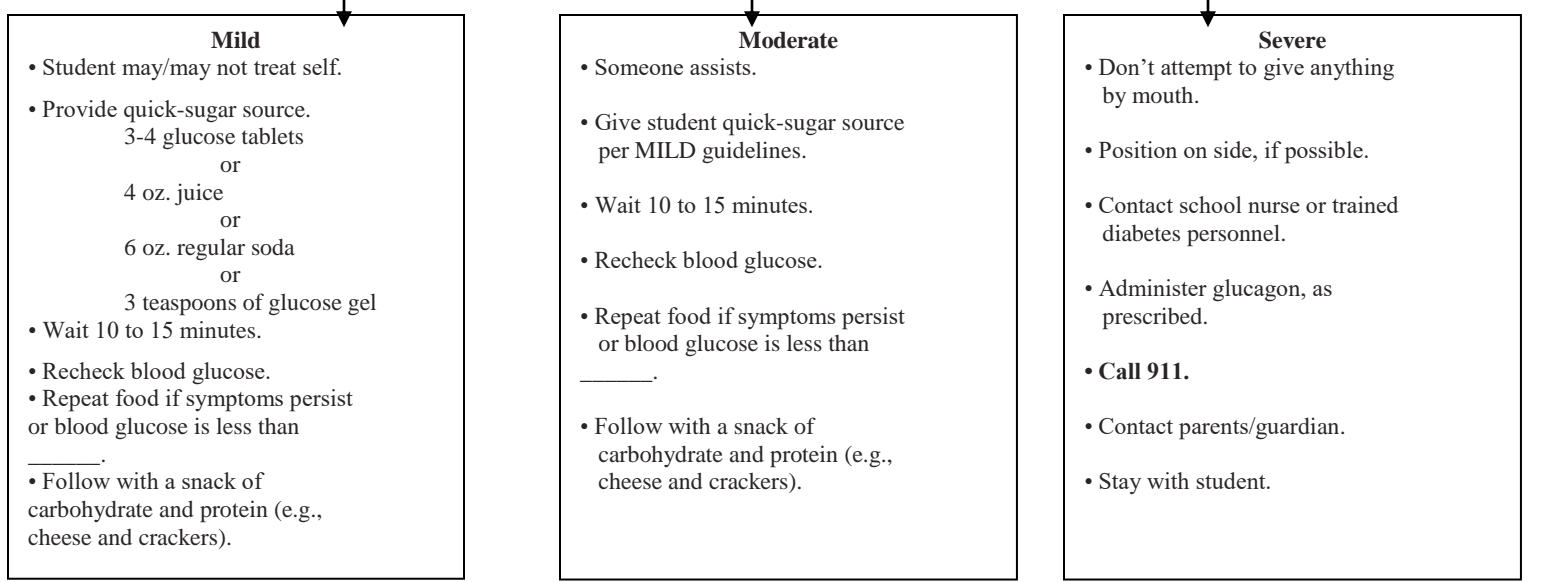
Student Name _____	See reverse for Part B and signatures	School _____	Teacher/grade _____
Mother/Guardian _____		Father/Guardian _____	
Home phone _____	Work phone _____	Cell _____	Home phone _____
			Work phone _____
			Cell _____

Trained Diabetes Personnel _____	Contact Number(s) _____
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NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.



Actions needed
Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA

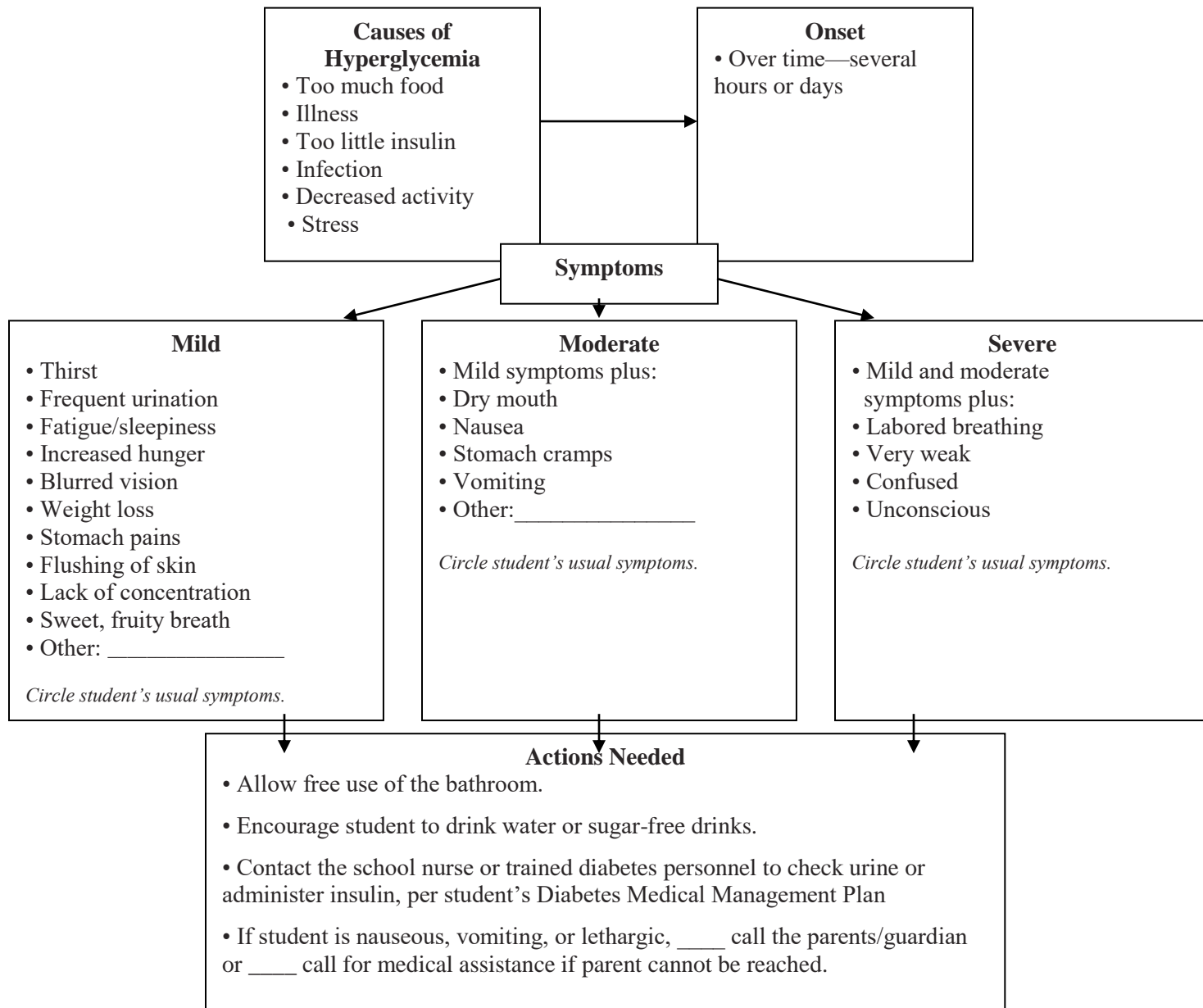


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

 Teacher/grade



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

 Parent Signature

 Telephone

 Date

 School Nurse/Principal/School Health Aide Signature