



## DIABETIC EMERGENCY PLAN

Student's Name:	<b>Place Student Picture Here</b>
Date of Birth:	
Teacher: <span style="float: right;">Grade:</span>	
Parent / Guardian: <span style="float: right;">Phone #:</span>	
Address: <span style="float: right;">Postal Code:</span>	
Parent / Guardian: <span style="float: right;">Phone #:</span>	
Address: <span style="float: right;">Postal Code:</span>	
Emergency Contact: <span style="float: right;">Relationship:</span>	
Home Phone #: <span style="float: right;">Work #:</span>	
Emergency Contact: <span style="float: right;">Relationship:</span>	
Home Phone #: <span style="float: right;">Work #:</span>	
Doctor's Name: <span style="float: right;">Phone #:</span>	

### PREVIOUS REACTIONS:

1. How long has your child been a diabetic? \_\_\_\_\_
2. When does your child receive insulin? \_\_\_\_\_
3. What insulin reaction symptoms does your child experience? Check boxes 

<input type="checkbox"/> Hunger	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Abnormal Behaviour	<input type="checkbox"/> Trembling
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Nausea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability
<input type="checkbox"/> Perspiring	<input type="checkbox"/> Headache	<input type="checkbox"/> Pallor	<input type="checkbox"/> Weakness
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Tingling of mouth and fingers	<input type="checkbox"/> Other _____	
4. When are low blood sugar reactions likely to occur?
 

<input type="checkbox"/> More exercise than usual	<input type="checkbox"/> Missing snack or smaller meal	<input type="checkbox"/> Other _____
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### PREVENTION

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child monitors blood glucose level at school                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will be provided with snacks   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has been in diabetic education program and understands his / her disease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wears Medic Alert bracelet   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Teacher has received information   |

### EMERGENCY RESPONSE – Steps to take during an insulin reaction:

If your child reports a reaction and / or is beginning to experience the above symptoms:

1. Sugar will be given immediately. Emergency kit is located in school at:  
\_\_\_\_\_
2. Kept under observation – until child returns to normal (usually 10 to 15 minutes)
3. Parents will be notified of insulin reaction
4. If child is unable to swallow sugar, 911 will be called as well as designated first aider
5. Special Instructions: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO THE SCHOOL AND DISCUSS WITH OFFICE STAFF AND ALL YOUR CHILD'S TEACHERS**