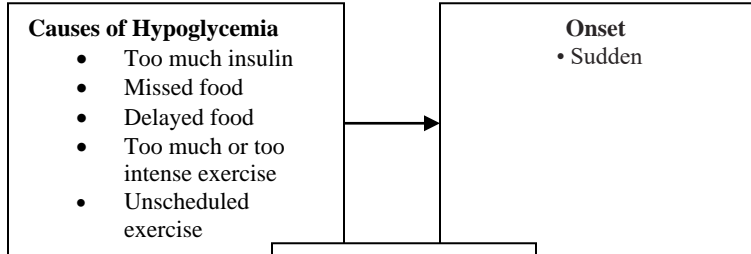


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

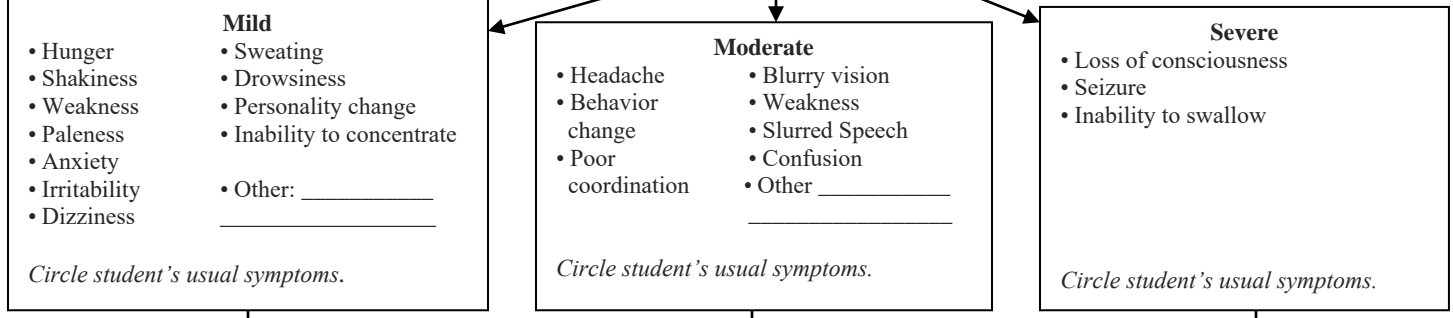
CSO/15-H4

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 _____

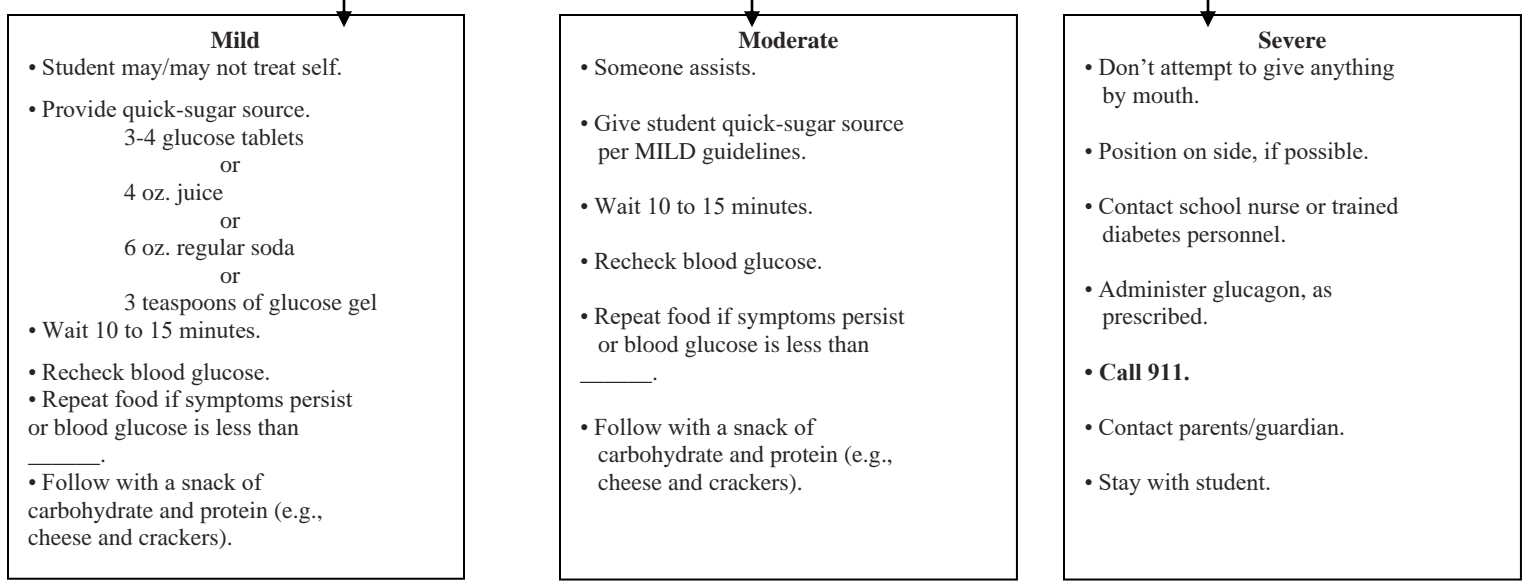
Trained Diabetes Personnel _____ **Contact Number(s)** _____
NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.



Symptoms



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

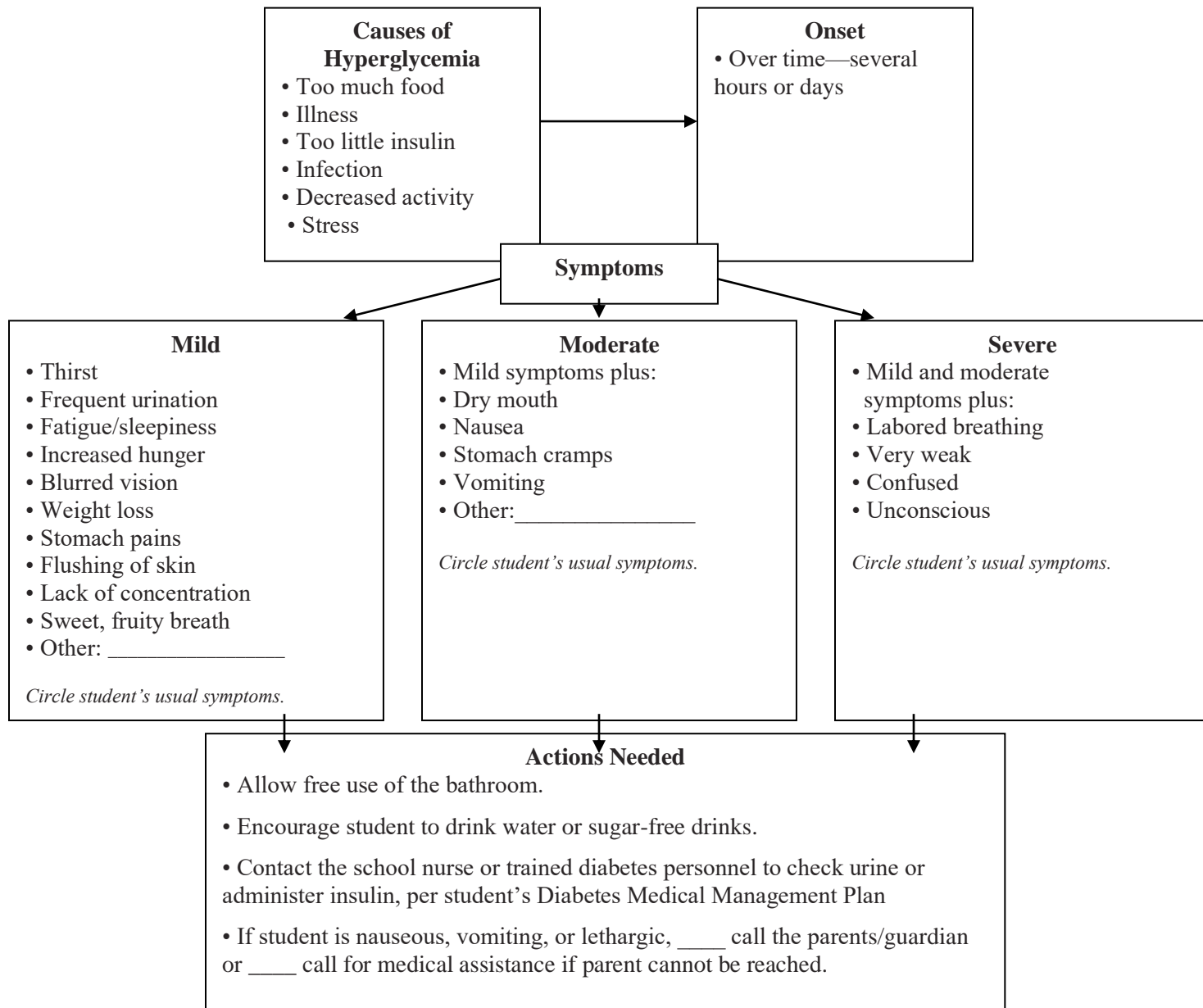


OFFICE OF CATHOLIC SCHOOLS DOCESE OF CHARLESTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

 Teacher/grade



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

 Licensed Health Care Provider

 Telephone

 Date

 Parent

 Telephone

 Date