

# Quick Reference Emergency Plan for a Student with Diabetes

## Hypoglycemia (Low Blood Sugar)



Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_ Date of Plan \_\_\_\_\_

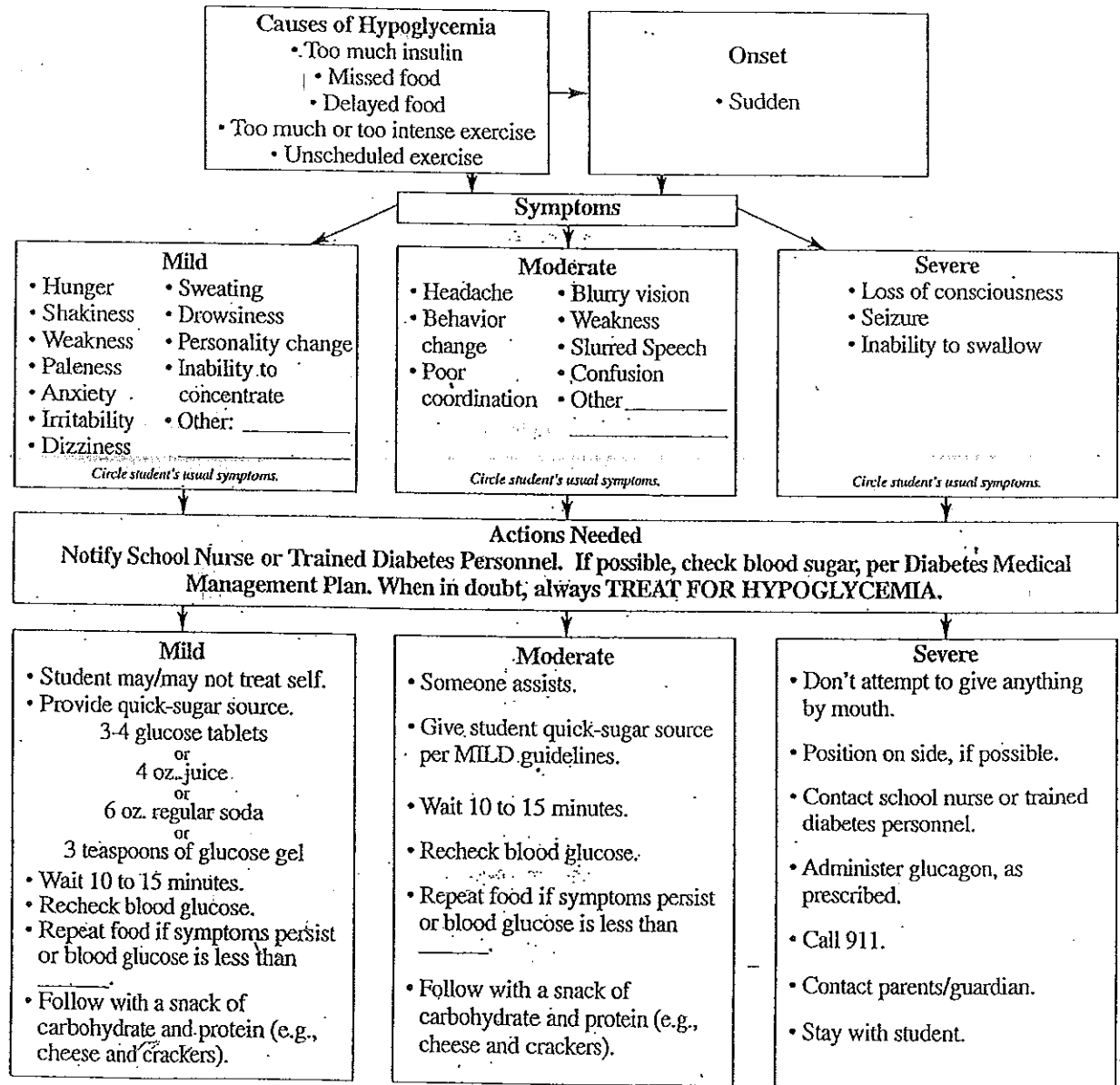
Emergency Contact Information:

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

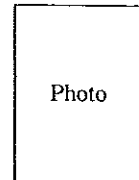
School Nurse/Trained Diabetes Personnel \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Never send a child with suspected low blood sugar anywhere alone.



**WOODSTOWN-PILESGROVE REGIONAL SCHOOL DISTRICT**  
 Woodstown, New Jersey 08098

**Quick Reference Emergency Plan**  
 for a Student with Diabetes  
**Hyperglycemia**  
 (High Blood Sugar)



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