

EMERGENCY ACTION BLAN

Hypoglycemia – Diabetes

Student Name:		DOB:	Grade:
	Contact Information:		
Student Picture	Parent/Guardian Name:	Phone:	
	Parent/Guardian Name:	Phone:	
	Emergency Contact:	Phone:	
	Additional Contacts:	Phone:	
Building Health Offi	ce/School Nurse:	Phone:	
	idie (die 1. Melokel Dagelinia imaa ilukel fais		
Are any of these severe? ✓ Shaking ✓ Fast heartbeat ✓ Sweating ✓ Anxiety, irritabili	signs and symptoms present and	Onset may be can progress to a low blood If untreated seize death can	life threatening I sugar. ures and even
	DOTHS - domovdele		
	op any activity. Do not leave the student alone. company the student to the Health Office for t		alucaco and monitorina
	company the student to the health Office for t	·	gidcose and monitoring).
	e following care per healthcare provider's in		
:	to ¾ cup juice, 3 – 4 glucose tabs, or hard cand		
☐ Give glucose g	el for emergency care.		
☐ Give glucagon if unresponsive, unable to swallow, or unable to follow directions. After glucagon is given, call 911.			
Glucagon should	be given without delay if student is unconscious	us or experiencing a seizure.	
	ent's glucagon: F		
	glucagon if given by injection:		
Staff member(s)	trained by school nurse to administer glucagon	to this student:	
leave the studen	oon as possible. Have a staff member accomp t unattended. If on a field trip, notify the school, , call 911 immediately and transport the studen	ol nurse at:t to the nearest emergency	room.
Doctor's Name: Emergency Plan written by:			
Parent/Guardian Signature:			
	n signature authorizes the nurse to share this ir		

ent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis. In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

