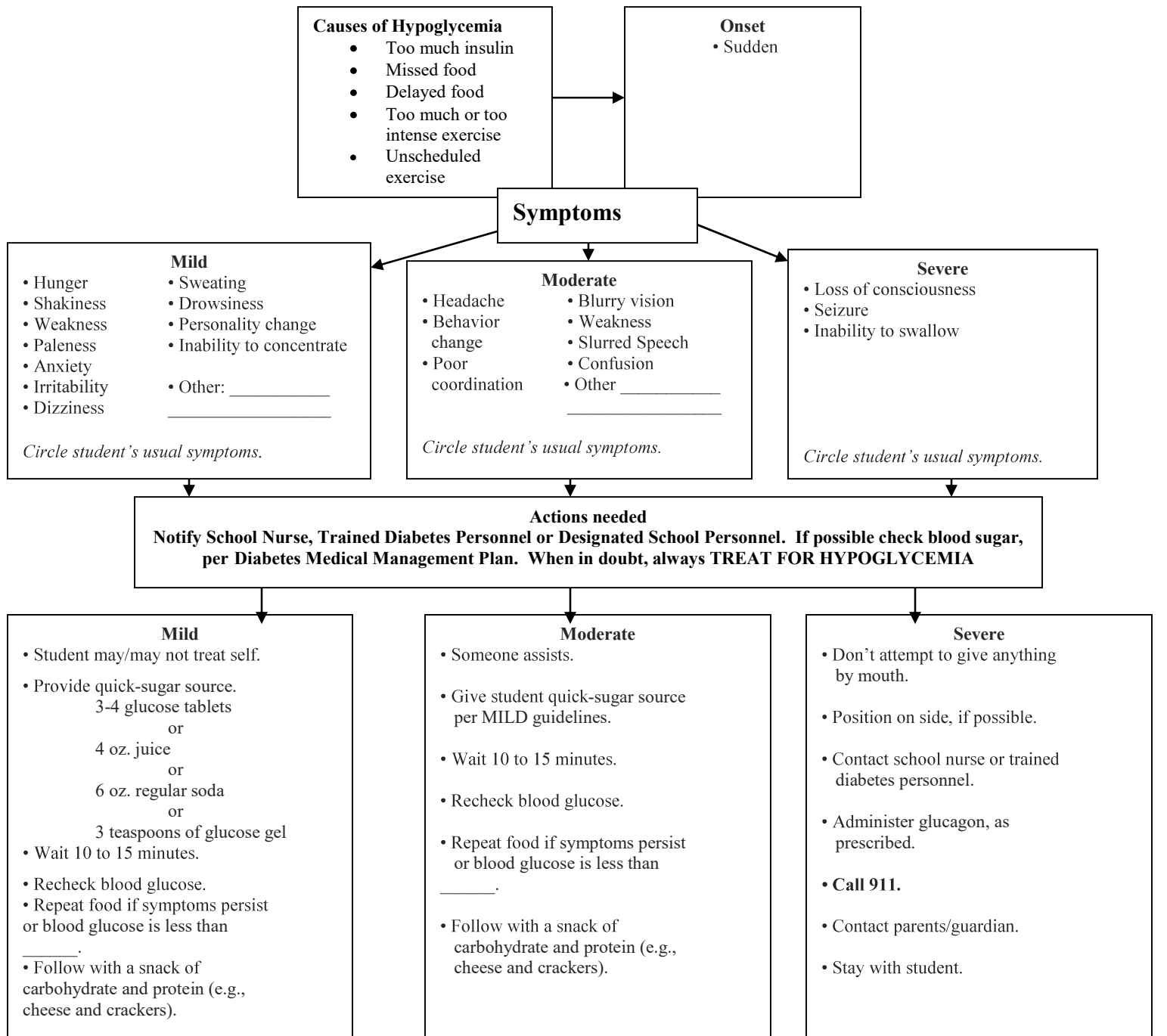


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

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.

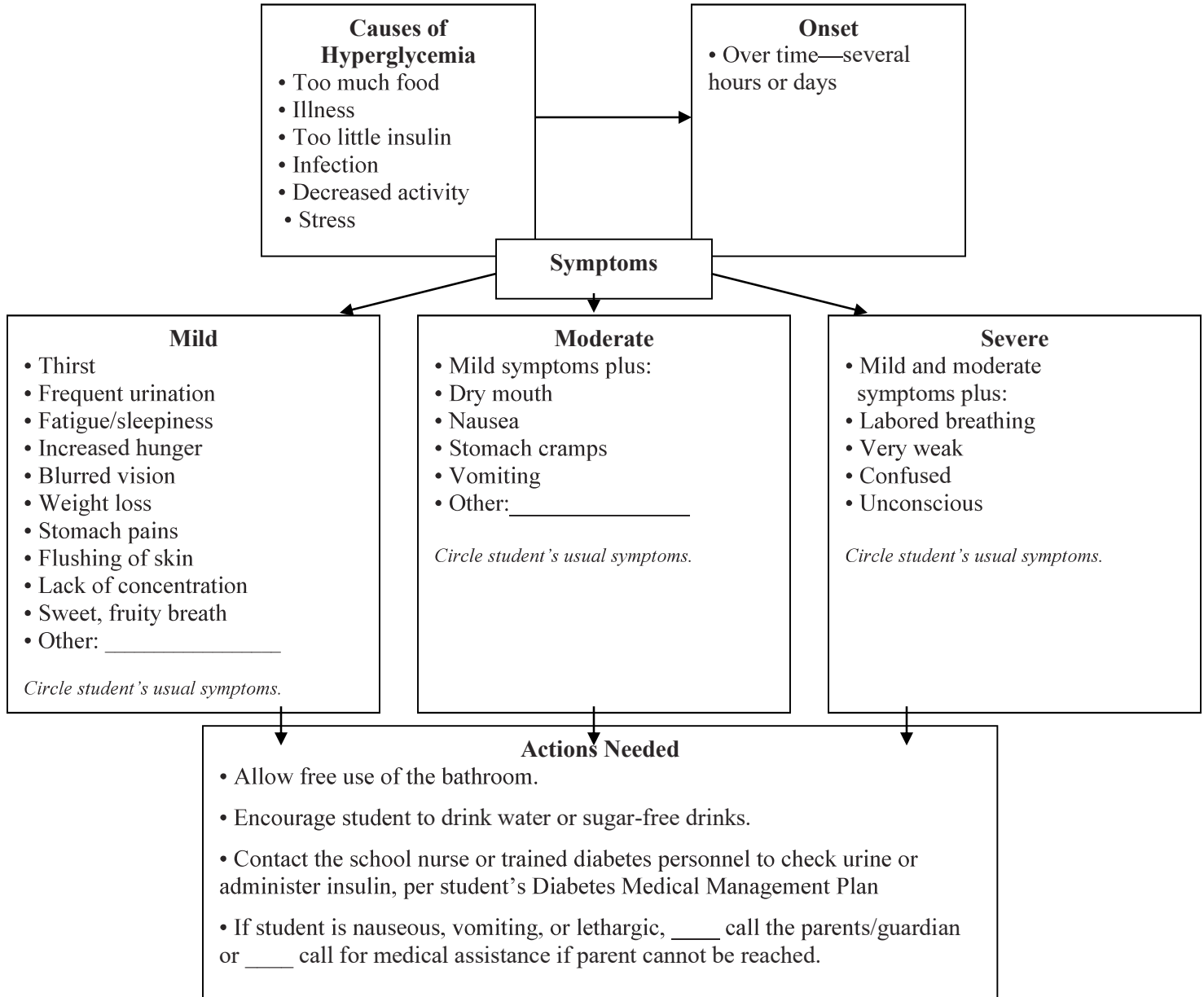


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

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

Source: Helping the Student with Diabetes Succeed: A Guide for School Personnel