



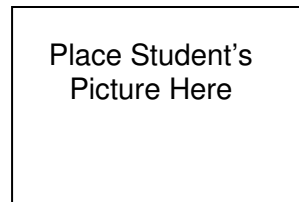
**DIABETES HYPOGLYCEMIA EMERGENCY ACTION PLAN**

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

Classroom Teacher: \_\_\_\_\_

**Parent/Guardian/Emergency Contacts:**

(Prioritize calls, i.e. 1, 2, 3)



\_\_\_\_ Parent \_\_\_\_\_ (H) 613- \_\_\_\_\_ (W) 613- \_\_\_\_\_ (C) 613- \_\_\_\_\_  
 \_\_\_\_ Parent \_\_\_\_\_ (H) 613- \_\_\_\_\_ (W) 613- \_\_\_\_\_ (C) 613- \_\_\_\_\_  
 \_\_\_\_ Other \_\_\_\_\_ (H) 613- \_\_\_\_\_ (W) 613- \_\_\_\_\_ (C) 613- \_\_\_\_\_  
 (Names, please print)

**EMERGENCY TREATMENT FOR HYPOGLYCEMIA**

**Signs and Symptoms:**

- Sweating
- Trembling
- Dizziness
- Mood changes
- Hunger
- Headaches
- Blurred vision
- Extreme tiredness/paleness
- Other, please specify: \_\_\_\_\_

**Optimum Level (Range) of Blood Sugar is** \_\_\_\_\_

**Location of Sugar Treatment**

- With Student
- Other, please specify: \_\_\_\_\_

**WHEN IN DOUBT – TREAT**

Select one treatment, provided by parent, from the following:

- 6 oz. (125 ml) of fruit juice/drink (junior juice box) **OR**
- 3 – 4 tsp. (10 – 15 ml) of sugar (3 – 4 packets) **OR**
- 6 oz. (125 ml) of regular pop (not diet type) **OR**
- 3 – 4 tsp. (10 – 15 ml) of honey **OR**
- 4 – 5 glucose tablets
- Other \_\_\_\_\_

**CALL PARENTS TO INFORM THEM**

Wait 10 – 15 minutes. If there is no improvement, repeat the above treatment.

**DO NOT LEAVE THE STUDENT ALONE!**

**If the student is unconscious,  
 having a seizure or unable to swallow  
 DO NOT give food or drink**

- \*Roll the student on his/her side**
- \*Call 9-1-1**
- \*Inform parents/guardians**

Rte #	AM	PM
Rte #	AM	PM

*Original – School; Copy – Renfrew County Joint Transportation Consortium*

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