

School year _____

Student legal last name _____ First name _____ MI _____

Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: Walker Self Transported Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Hospital Name _____ Phone _____

Medication Information

Current Insulin-Medication Regime: (See Physician order) Insulin Pen Yes No Insulin Pump Yes No

The following staff members are trained to deal with an emergency and initiate the appropriate procedures:

1. _____ 2. _____ 3. _____

Diabetes History _____

Low Symptoms _____

Special Precautions _____

Supplies/Equipment
(See IHP for school management information and schedule.) _____

Emergency Intervention

Students know why their blood sugar is low and will ask to come to the health room. ALWAYS SEND THEM WITH AN ESCORT.

<u>Mild Symptoms</u>	<u>Mild Treatments</u>
<p>Check student's usual symptoms</p> <p><input type="checkbox"/> Hungry <input type="checkbox"/> Inability to concentrate</p> <p><input type="checkbox"/> Shakiness <input type="checkbox"/> Personality change</p> <p><input type="checkbox"/> Weakness <input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Paleness</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Treats self or <input type="checkbox"/> Staff treats with one of the following:</p> <p><input type="checkbox"/> 2-3 Glucose Tablets <i>Wait fifteen (15) minutes</i></p> <p><input type="checkbox"/> 4-8 oz. juice <i>Repeat food if symptoms persist or blood sugar less than _____</i></p> <p><input type="checkbox"/> 4-8 oz. regular soda <i>Follow with a snack of carbohydrate and protein, e.g. crackers and cheese.</i></p> <p><input type="checkbox"/> Glucose gel product <i>Communicate with parents if in IHP</i></p> <p><input type="checkbox"/> 3-8 Lifesavers</p>

Additional student information _____

