



The Seven Hills School Emergency Care Plan – Diabetes

Name: _____ D.O.B. _____ Grade _____

Teacher: _____ P.E. Days & Times _____

Signs of a Diabetic Emergency:

- | | |
|--------------------------------|----------------------------------------|
| 1) "Feeling low" | 6) Pallor |
| 2) Shakiness or hunger | 7) Headache/stomach ache |
| 3) Fatigue/weakness | 8) Sweatiness |
| 4) Behavior/personality change | 9) Confusion |
| 5) Irritable/crying | 10) Fainting or "passing out" (see #6) |

DO: (to be completed by the physician)

- 1) _____ If possible, check sugar or allow student to start drinking juice while you check his/her blood sugar. **If "passes out"/faints, go to #6.**
- 2) _____ Give fruit juice & cheese crackers as supplied by parents. If these are not available give 12 oz. regular soda pop (Coke) & cheese crackers from Trauma bag.
- 3) _____ Check blood sugar again in _____.
(time in min./hrs.)
- 4) _____ If sugar > _____, observe child but no further treatment is necessary.
- 5) _____ If sugar < _____, observe child. If symptoms continue _____.
- 6) _____ If "passes out", call 911, give _____ and notify
(medication/dose/route)
parents.
- 7) _____ Give snack when student becomes awake & able to swallow.

Other: _____

I have read this emergency plan and am in agreement with it for implementation in the school should the need arise. I waive any claims I might have against The Seven Hills School, its employees or agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the implementation or attempts at implementation of this plan.

(Parent Signature)

(Date)

(Physician Signature)

(Date)

Distribution: As deemed necessary by The Seven Hills School