

Hypoglycemia (Low Blood Glucose)

Emergency Plan for a Student with Diabetes

Student's Name _____

Grade/Teacher _____

Date _____

Emergency Contact Information:

Mother/Guardian _____

Father/Guardian _____

Home Phone: _____

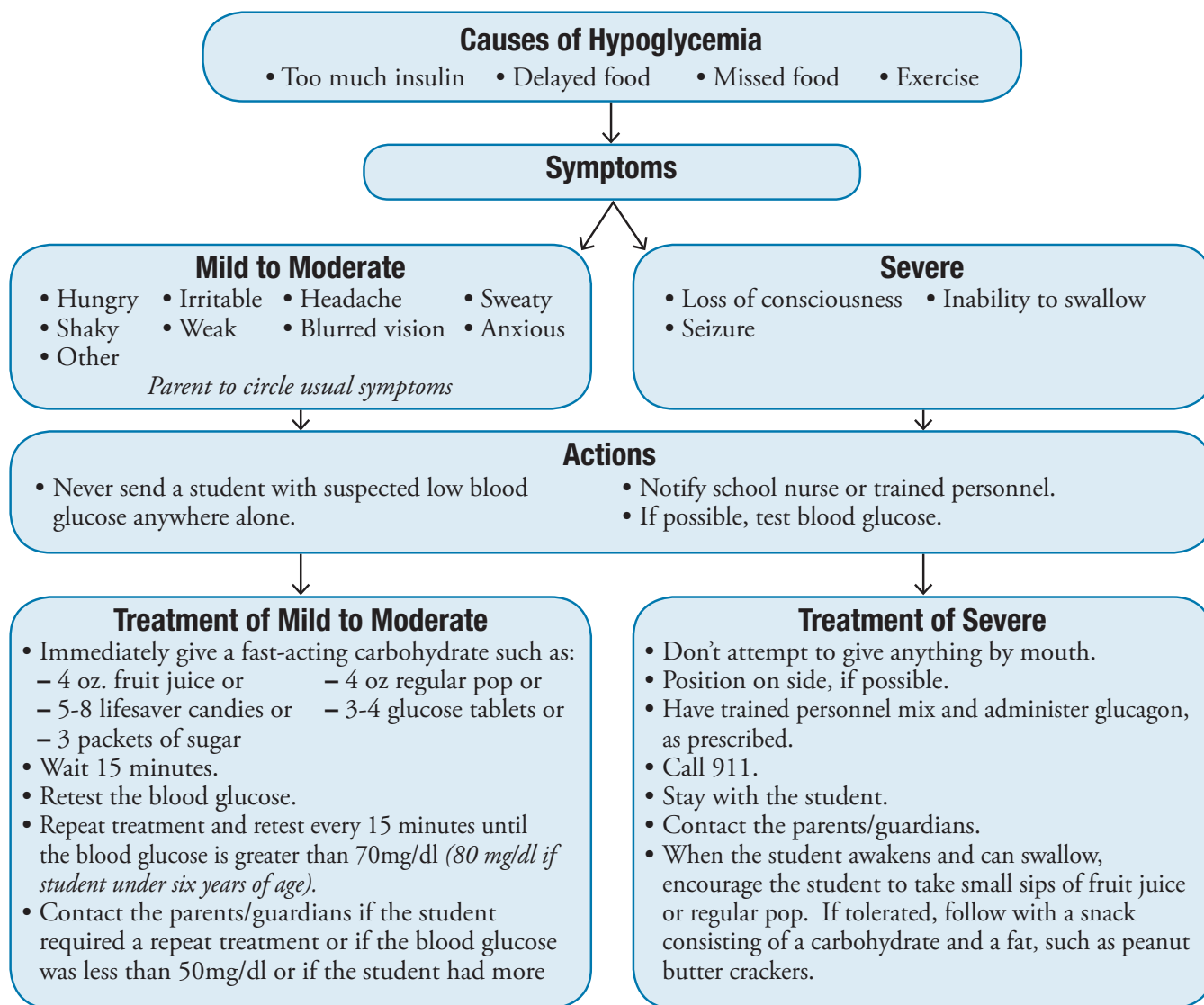
Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.SM