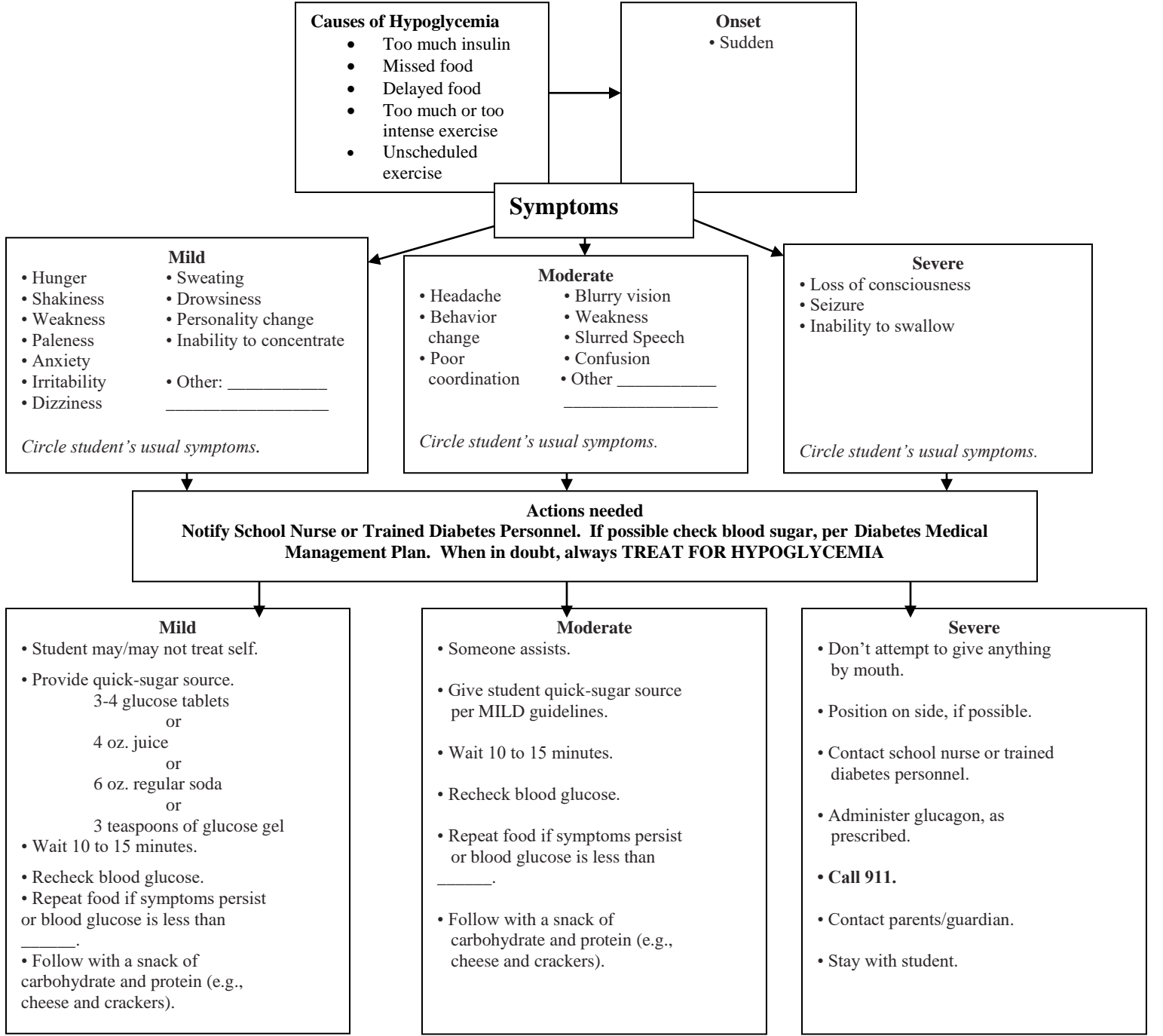


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

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.

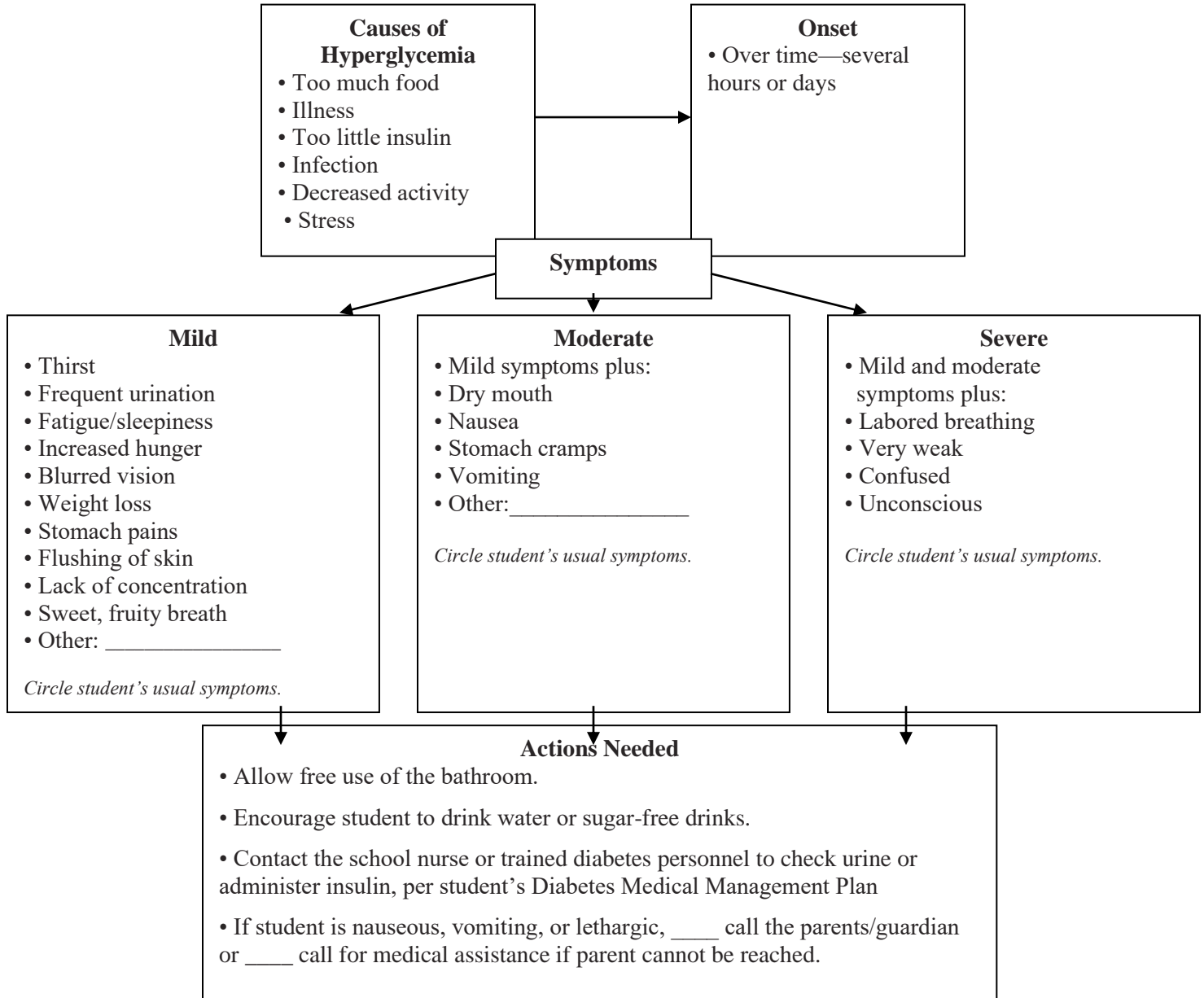


OFFICE OF CATHOLIC SCHOOLS DOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

 Teacher/grade



This quick reference emergency plan reflects orders stated in the Diabetes Medical Management plan and is authorized by;

 Parent Signature

 Telephone

 Date

 School Nurse/Principal/School Health Aide Signature