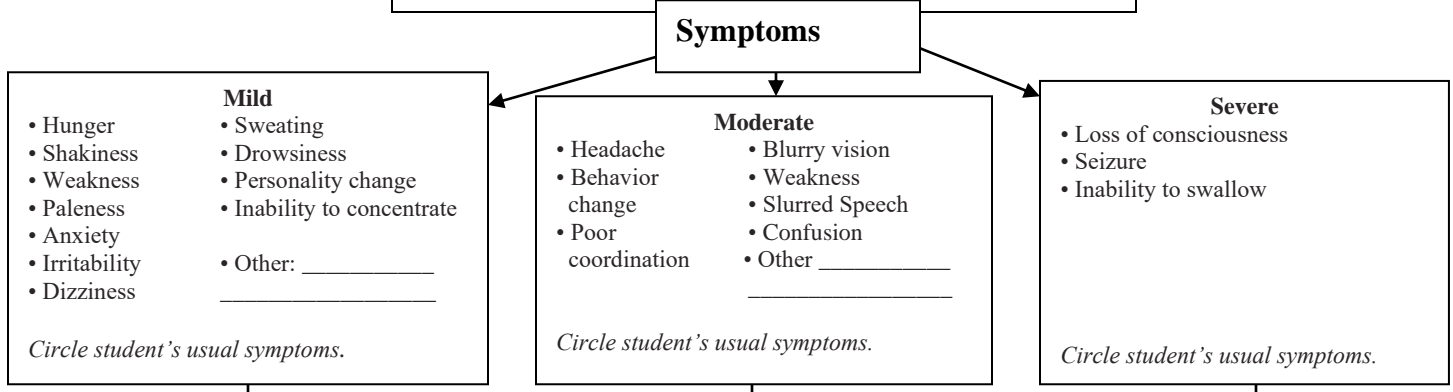
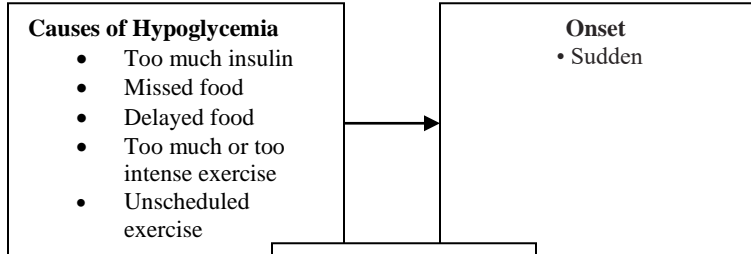


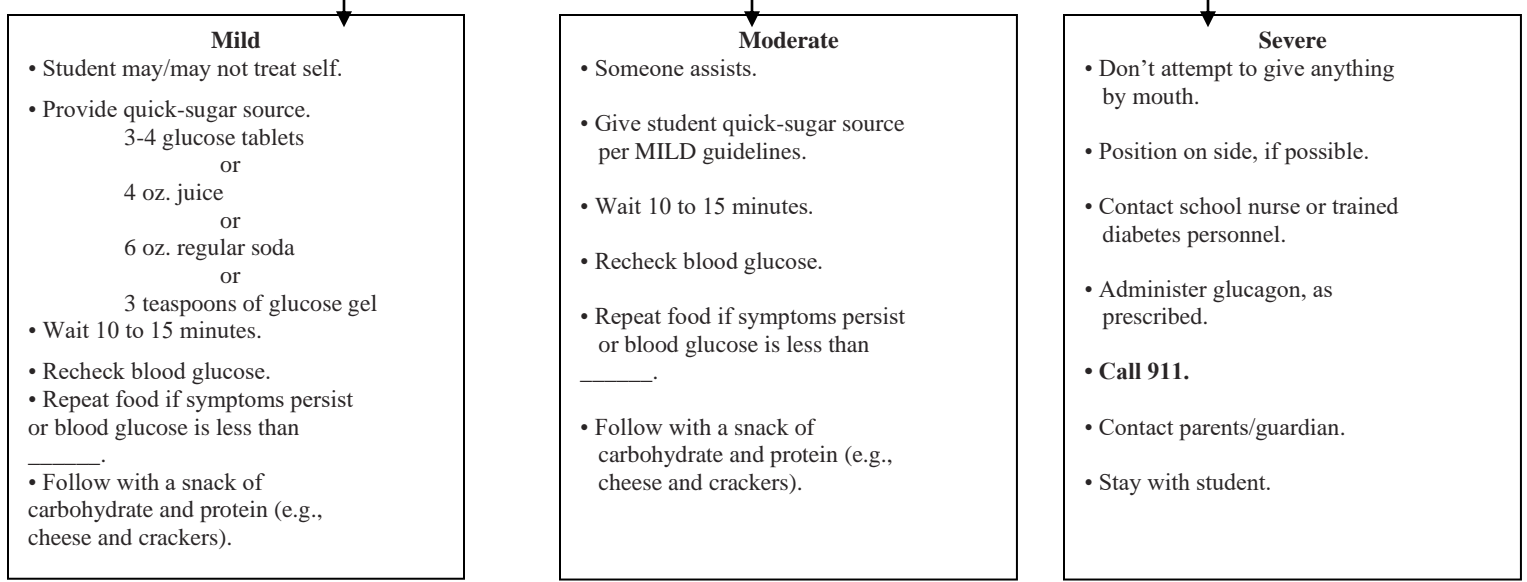
**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part A of Diabetes Medical Management Plan**  
**HYPOGLYCEMIA**  
**(Low Blood Sugar)**

<b>Student Name</b>	See reverse for Part B and signatures	<b>School</b>	<b>Teacher/grade</b>
<b>Mother/Guardian</b>		<b>Father/Guardian</b>	
<b>Home phone</b>	<b>Work phone</b>	<b>Cell</b>	<b>Home phone</b>
			<b>Work phone</b>
			<b>Cell</b>

**Trained Diabetes Personnel** **Contact Number(s)**  
**NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.**



**Actions needed**  
**Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA**

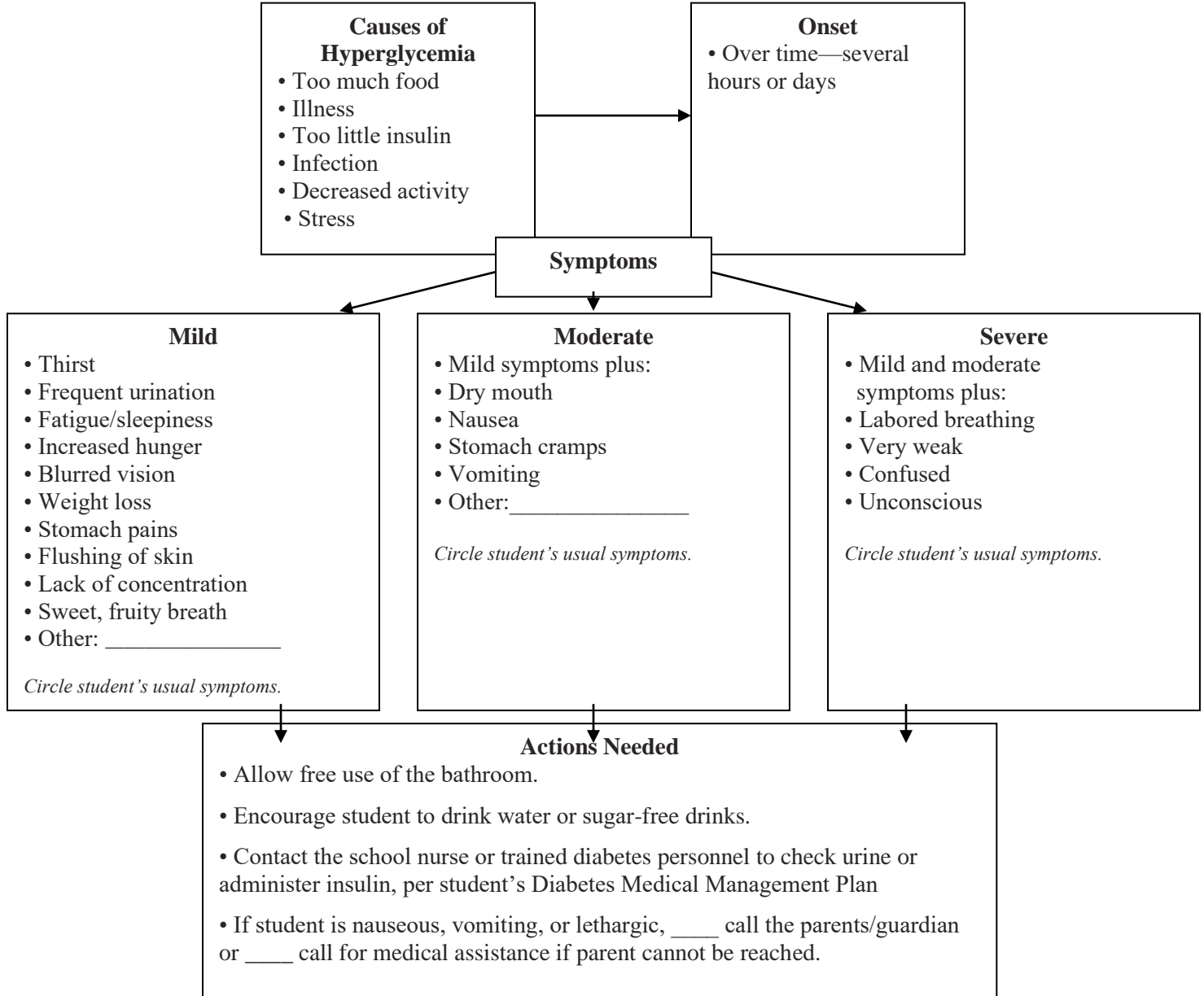


**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part B of Diabetes Medical Management Plan**  
**HYPERGLYCEMIA**  
**(High Blood Sugar)**

\_\_\_\_\_  
 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