



TRANSPORTATION COMMUNICATION

DIABETES EMERGENCY PLAN

Student Name: _____

School Year: _____

School Name: _____ School Ph #: _____

Bus #: _____

Parent Name: _____

Phone #: _____

School Health Aide: _____

Description of Students Medical Concern(s):

IN AN EMERGENCY:

IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!

If you observe:	Then you should:
<ul style="list-style-type: none"> • Weakness or extreme fatigue • Dizziness • Irritability/anxiousness • Excessive sweating • Unconsciousness • Seizure 	<p>Give fast acting sugar with 15 carbohydrates (4 ounces juice). Allow student to test their blood sugar. Student should notify parent to pick up student at bus stop.</p> <p><i>If student becomes unconscious and is unable to replenish orally, call 911 immediately. If student has Glucagon Pen, administer according to directions and training. Contact dispatch and notify parent. Do not leave student alone. Contact District Nurse or School Health Aide as soon as possible.</i></p>

The information provided above is NOT a health care plan but reflects emergency guidance for students with an Asthma Health Care Plan. More detailed plans are available and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

Parent Signature: _____

Date: _____

**If available, please attach a current picture of the student to this form.*