



# Quick Reference Emergency Plan — Hypoglycemia (low blood sugar)

Student Name \_\_\_\_\_  
 School \_\_\_\_\_ Teacher/Grade \_\_\_\_\_  
 Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 Phone(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_  
                     Home      Work      Cell                                      Home      Work      Cell  
 Trained Diabetes Personnel \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

**NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE**

