

**New Prague Area Schools  
Health Services**

**Diabetes  
EMERGENCY CARE PLAN**

\* Have available in case of emergency transport \*

<b>Name:</b>		<b>Grade:</b>		<b>School:</b>	
<b>Address:</b>					
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Physician or Clinic:</b>		<b>Phone:</b>			
<b>Medical Diagnosis:</b>	Diabetes				
<b>Present Medications:</b>					
<b>Medication Allergies:</b>		<b>Other Allergies:</b>			
<b>Symptoms</b>			<b>Actions to Take</b>		
Excessive hunger, poor coordination, perspiration, irritability, abdominal pain or nausea, pallor, crying, dizziness, inability to concentrate, inappropriate actions, nervousness, drowsiness, trembling			Call Building Nurse at Ext. ____ or escort to health office. Never send child alone. Check blood sugar with glucometer. If < 80, give some form of sugar (15 gm. - tablets, juice, ½ can of regular pop/soda). Notify parent. Monitor student.		
If no improvement in symptoms after 10-15 min. If still no improvement after another 10 minutes or increasing drowsiness, convulsions			Give second snack of sugar. Call 911. Call building nurse at x____ Notify district nurse at x1760 or 952-217-1090. Notify parent.		
Blood sugar > 300			Notify parent for instructions.		
<b>Health Services Director:</b>				<b>Date:</b>	
<b>Parent:</b>				<b>Date:</b>	