

## SCHOOL GUIDELINES FOR THE STUDENT WITH HYPOGLYCEMIA

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION DURING SCHOOL HOURS

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency and parents cannot be contacted, please call:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY PROTOCOL FOR SCHOOL PERSONNEL

#### SYMPTOMS TO WATCH FOR:

*Hunger	*Weakness	*Poor coordination
*Headache	*Shakiness	*Irritability
*Dizziness	*Palor	*Sweating
*Slurred Speech	*Sleepiness	*Other _____

At first signs of these symptoms please follow these instructions:

1. Do not leave student alone.
2. If the student is CONSCIOUS give glucose tablets, fruit juice, or soda. If symptoms subside, follow with a light snack (ex. Crackers, peanut butter or milk). If symptoms do not improve in 15 minutes repeat above.
3. If student is UNCONSCIOUS, place student on their side to prevent aspiration.
4. Call 911, parents and school nurse.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

