



ALVIN INDEPENDENT SCHOOL DISTRICT

Transportation Emergency Plan for a Student with Diabetes

School Year: _____

Student Name: _____ DOB: _____ ID #: _____

Emergency Contact Information:

Mother/Guardian's Name *Home Phone* *Work Phone* *Cell Phone*

Father/Guardian's Name *Home Phone* *Work Phone* *Cell Phone*

List two other emergency contacts who will assume temporary care of the student if you cannot be reached:

1: _____
Name *Relationship to student* *Cell Phone* *Alternate Number*

2: _____
Name *Relationship to student* *Cell Phone* *Alternate Number*

Never Send a Student with Suspected Low Blood Sugar Anywhere Alone!

Student Specific Signs of Low Blood Sugar:

General Signs of Low Blood Sugar:

- Mild:**
- Hunger
 - Shakiness
 - Weakness
 - Paleness
 - Anxiety
 - Irritability
 - Dizziness
 - Sweating
 - Drowsiness
 - Personality change
 - Inability to concentrate

- Moderate:**
- Headache
 - Behavior change
 - Poor coordination
 - Blurry vision
 - Weakness
 - Slurred speech
 - Confusion

- Severe:**
- Loss of Consciousness
 - Seizure
 - Inability to swallow

Actions to Take for Low Blood Sugar:

- Allow juice/snack
- **If the student cannot swallow or is non-responsive, call 911 – This is a Medical Emergency**

Other Important Information: _____

I agree to notify the school nurse of any changes in the above information as they occur.

Parent/Guardian Signature: _____ Date: _____