



# **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: \_\_\_\_\_