

To Be Completed by the Health Care Provider



San Francisco Unified School District
School Health Programs Department
1515 Quintara Street
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DIABETES EMERGENCY CARE PLAN

Name: _____ Grade: _____ Age: _____ Date of Birth: _____
School: _____ Homeroom Teacher: _____ Room: _____
Parent/Caregiver Name: _____ Phone (home): _____
Address: _____ Phone (work): _____ (cell) _____

Attach Student Emergency Card for additional emergency contacts.

Health Care Provider Treating Student for Diabetes: _____ Ph: _____

FOR SIGNS OF HYPOGLYCEMIA: Headache, tremors, cold sweat, hunger, irritability, nervousness, pale skin, confusion, drowsiness, weakness or fatigue, dizziness, tingling lips, poor coordination, inability to concentrate, slurred speech, combativeness, uncooperativeness, convulsions, unconsciousness.

Emergency medications/food:

What to give	Amount	When to give
_____	_____	_____
_____	_____	_____

Location of medication/food: _____
Student can return to the classroom when: _____

CALL 911 WHEN: _____

FOR SIGNS OF HYPERGLYCEMIA: Increased urination, increased thirst, blurred vision, increased hunger, fruity breath, vomiting, stomach pain, weakness, sleepiness, difficulty breathing, coma

Instructions for hyperglycemia: _____

Emergency medication:

What to give	Amount	When to give
_____	_____	_____
_____	_____	_____

Location of medication/food: _____
Student can return to the classroom when: _____

CALL 911 WHEN: _____

- Contact parent/caregiver

A completed and signed Medication Form must be on file at the school before medication can be administered at school.

I authorize school personnel to implement this Diabetic Emergency Plan as described above.

Health Care Provider Signature

Date

Doy mi consentimiento para que las autoridades escolares tomen la acción apropiada para la seguridad y bienestar de mi hijo/a. Doy mi consentimiento para que las autoridades escolares se comuniquen con el médico de mi hijo/a, cuando sea necesario. Mi hijo/a no necesita los servicios.

Firma del padre de familia o encargado

Fecha