

# WASHINGTON ELEMENTARY SCHOOL

## Emergency Health Care Plan

for a Student with Diabetes

### Hyperglycemia

(High Blood Sugar)

Photo

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Date of Plan \_\_\_\_\_

Emergency Contact Information:

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

School Nurse/Trained Diabetes Personnel \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

