



## Individualized Emergency Diabetes Bus Care Plan

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Route: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Directions for assisting a student with a diabetic reaction

**If student shows signs of illness: low blood sugar (hypoglycemia)**

- Dizzy
- Confused
- Pale
- Sweating
- Irritable
- Slowed Speech
- Loss of Consciousness or Seizure: Call 911

#### EMERGENCY PLAN:

1. **STOP the Bus**
2. **Allow student to self treat with fast acting sugar**
3. **May give – juice – regular soda (not diet) – glucose tablets (provided by parent) – or another source of sugar right away**
4. **Call 911 if student does not respond or is having a seizure**
5. **Report incident to school and/or parent**
6. **Do not allow a confused student to get off the bus without adult supervision**

Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse/Health Aide Signature: \_\_\_\_\_ Date: \_\_\_\_\_