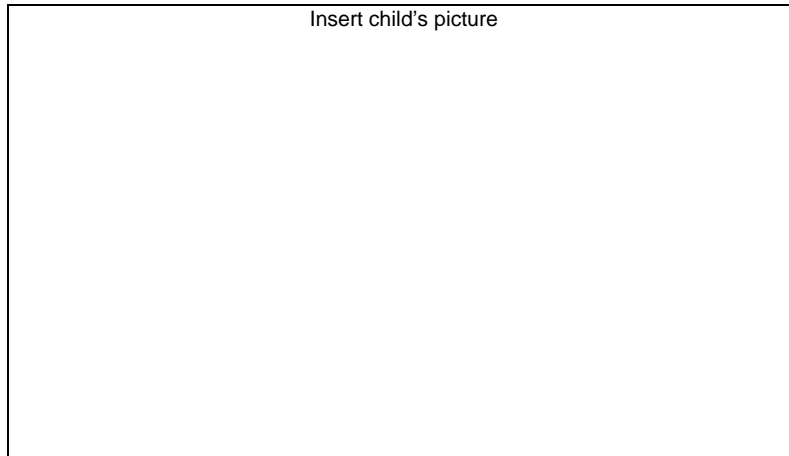


Kids with Diabetes Information Card



Student's Name _____

Age: _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone #: _____

Parent's Name: _____ Phone #: _____

Alternate emergency contact and #: _____

Names and grades of siblings in the school: _____

Diabetic Educator Contact Info: _____

Time of day when low blood sugar is most likely to occur: _____

Symptoms commonly experienced: _____

What has been provided to treat low blood sugar symptoms: _____

Where the sugar source is located: _____

Children with diabetes must eat their snacks and meals on time without exception.

Morning snack time: _____ **Lunch time:** _____ **Afternoon Snack time:** _____

Children with diabetes should never be refused water to drink or bathroom privileges.

Special Instructions/Treatment Plan: (Symptoms/warning signs/action)

Other Members of the Diabetic Team (this includes anyone involved in the child’s care):

*****In the unlikely event, the student has a low blood sugar that results in unconsciousness and/or a seizure, place the student on his/her side and call 911. The paramedics or hospital staff will inject the student with sugar or a medicine that raises the blood sugar level and the student will recover completely. It is important how we respond to the student at the time of the significant event and equally important how school staff and students respond to child the days following the significant event. The diabetic educator (contact information above) would like to be contacted as soon as possible, to support school staff and students who have with witnessed and responded to a child who needed emergency attention as a result of a low blood sugar.*****

Prepared in collaboration with the student’s parents/guardians: _____
(Parent/Guardian Signature)
Date developed: _____