



SAINT CHARLES SCHOOL DISTRICT TRANSPORTATION EMERGENCY ACTION PLAN Diabetes

Student _____ Grade _____

Hypoglycemia: Please circle your child's symptoms of hypoglycemia:

Dizziness Hunger Sweating Anxiety Irritability
Weakness Headache Looks pale Other _____

Do you want your child's blood sugar tested approximately 20 minutes before boarding the bus?

_____ Yes No _____

If blood sugar below _____, the nurse will give a _____ gram carbohydrate snack.

PLEASE PROVIDE SNACK OR GLUCOSE TABLETS FOR STUDENT TO HAVE ON BUS AT ALL TIMES

PROCEDURE OF MANAGING HYPOGLYCEMIA ON THE BUS

1. If student complains of feeling hypoglycemic, eat snack provided by parent.
2. If student becomes unresponsive, or has seizure, administer Glucagon medication (if available, refer to Individualized Health Plan/IHP).
3. Call 911 to report actions and request emergency care & transport to hospital.
4. Call dispatcher to inform parent/guardian.

Contact Numbers:

Mother _____ (H) _____ (W) _____ (C) _____

Father _____ (H) _____ (W) _____ (C) _____

If parents cannot be reached:

Contact _____ (H) _____ (W) _____ (C) _____

Contact _____ (H) _____ (W) _____ (C) _____

I give permission for this information to be shared as needed with school district personnel

Parent Signature _____ Date _____

Nothing in this Plan is intended to prevent a call to 911 in the event the school district employee or other district decision makers deem such call to be in the best interest of the child.

THIS FORM MUST BE COMPLETED YEARLY