ITASCA SCHOOL DISTRICT 10 DIABETIC INFORMATION SHEET

STUDENT NAME	Last name, first name	DATE OF BIRTH
EMERGENCY CONTACT		
1. LAST NAME		FIRST NAME
CELL#	WORK#	HOME#
2. LAST NAME		FIRST NAME
CELL#	WORK#	HOME#
contact/school nurse. A diabetes trained adu		and above, treat student then call the emergency ent during any low or high blood sugars until blood sugar
INSTRUCTIONS FOR	LOW BLOOD SUGAR:	
		carbohydrates, retest blood sugar in 15 minutes.
Blood sugar	to give	carbohydrates, retest blood sugar in 15 minutes.
		carbohydrates, retest blood sugar in 15 min.
If unresponsive admi	nister glucagon and call 911.	
*Signs of low blood s	ugar: shaky, hungry, sweaty,	, slurred speech, confusion.
*Carbohydrates shou	ıld be fast acting like glucose	tabs, juice or soda (not diet).
INSTRUCTION FOR H		nd bolus as pump advises, retest in 30 minutes.