

Browne Academy Quick Reference Emergency Plan

Diabetes Management Plan

Hypoglycemia (Low Blood Sugar)



Student's Name _____

Grade/Teacher _____ Date of Plan _____

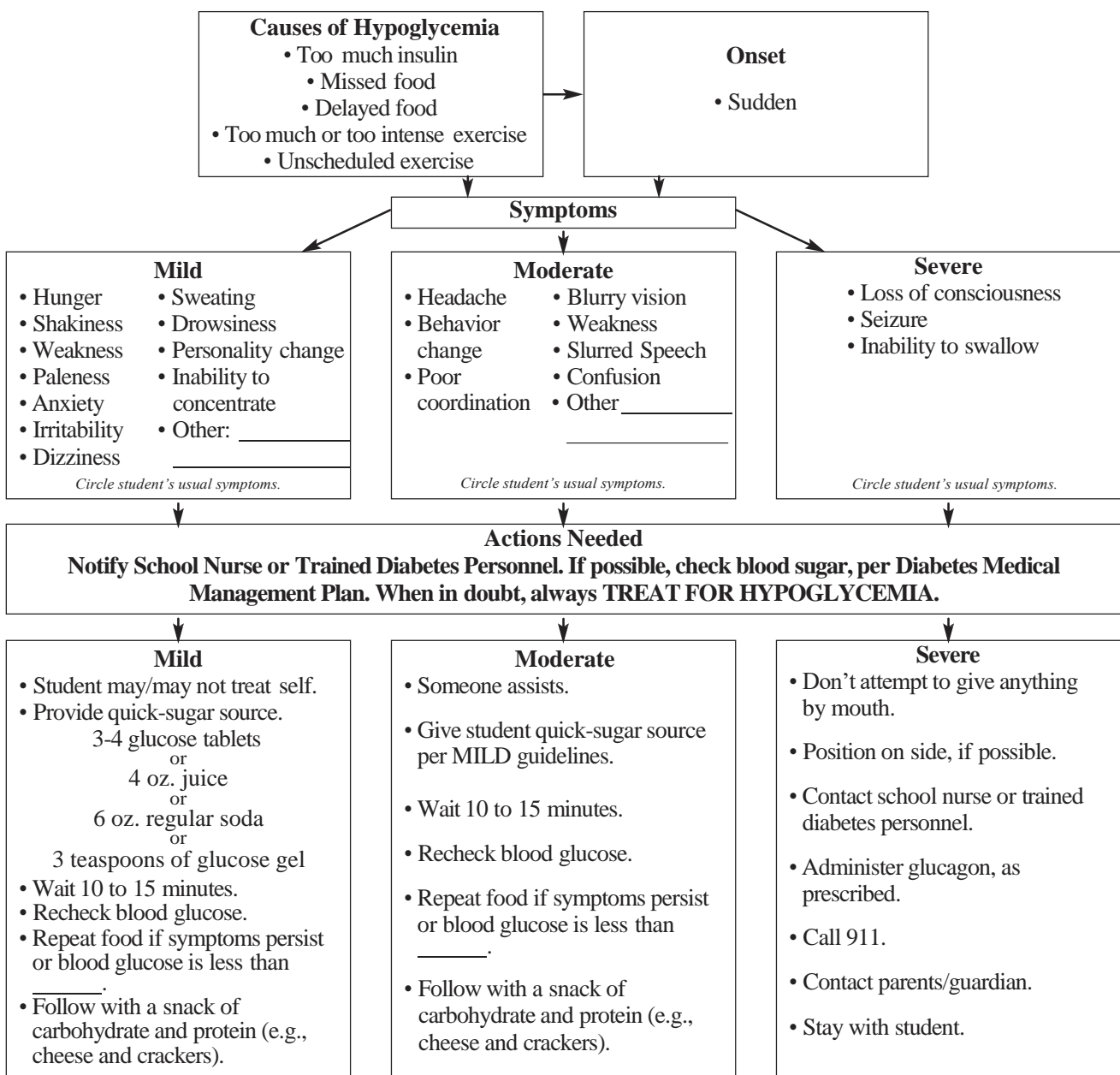
Emergency Contact Information:

Mother/Guardian _____ Father/Guardian _____

Home phone _____ Work phone _____ Cell _____ Home phone _____ Work phone _____ Cell _____

Physician _____ Contact Number(s) _____

Never send a child with suspected low blood sugar anywhere alone.



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