

Quick Reference Emergency Plan

for a Student with Diabetes

**Hyperglycemia
(High Blood Sugar)**

Photo

Student's Name _____

Grade/Teacher _____

Date of Plan _____

Emergency Contact Information: _____

Mother/Guardian _____

Father/Guardian _____

Home phone _____

Work phone _____

Cell _____

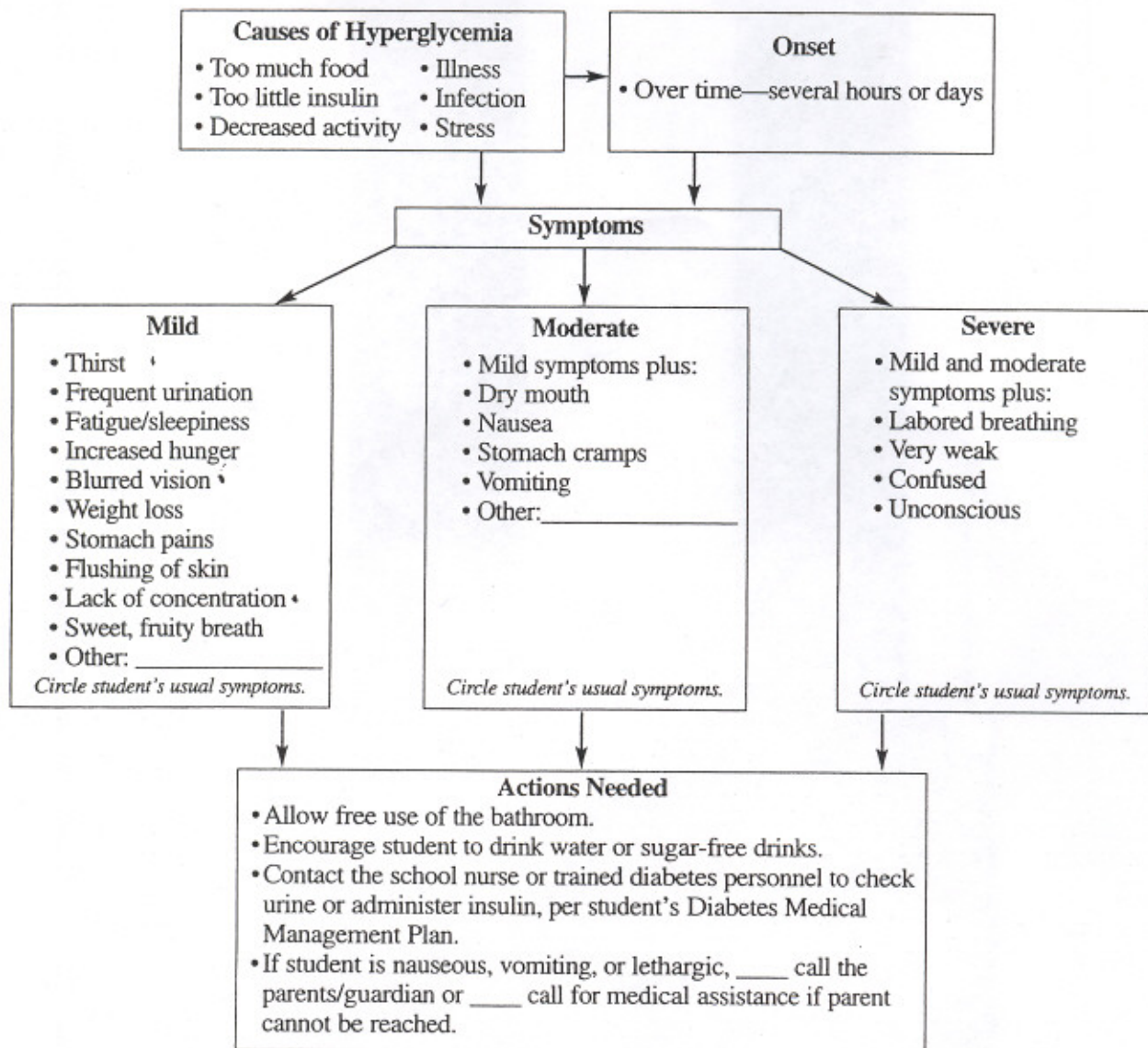
Home phone _____

Work phone _____

Cell _____

**SOUTH HEALTH ROOM – KRISTI KIRK RN – CALL 4108
NORTH HEALTH ROOM – PAULA NORDWIG – CALL 4208**

PLEASE CIRCLE THE STUDENTS SYMPTOMS UNDER MILD & MODERATE



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