

Individual Emergency Care Plan for a Student with Diabetes

Foothill Horizons Outdoor School

Student: _____ DOB: _____ Group: _____ Dorm: _____ Naturalist: _____

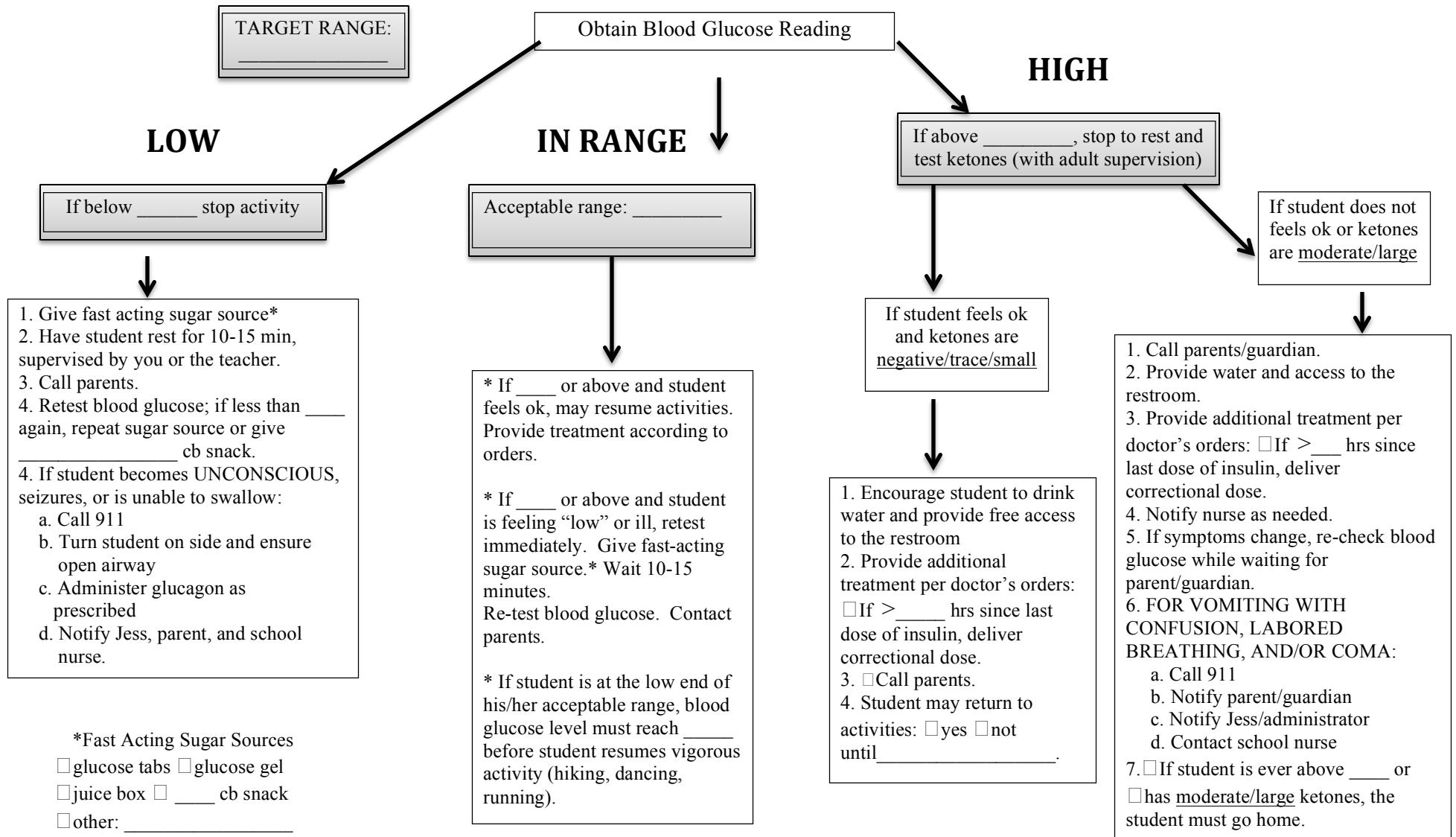
Parents: _____ Primary Number: _____ Phone #2: _____ Phone #3: _____

School Nurse: _____ Phone _____ Medical Provider: _____ Phone _____

Student manages diabetes with: insulin pen syringes pump Change pump: __/__/__ Checks for ketones with: blood urine

Call parents when: High Low Meals Bedtime Other: _____ Student snacks when: Low Other Time: _____

Blood Glucose Checks: Before Meals Mid Hike at ___ & ___ Wake-Up Freeplay 7PM Bedtime Midnight Other _____



*Fast Acting Sugar Sources
 glucose tabs glucose gel
 juice box _____ cb snack
 other: _____