



HYPOGLYCEMIA EMERGENCY TREATMENT FORM

Student's Name:

Classroom Teacher:

PARENT/EMERGENCY CONTACTS

Parent Name:

Home Telephone:

Parent Name:

Home Telephone:

**Student
Picture**

EMERGENCY TREATMENT FOR HYPOGLYCEMIA

SIGNS AND SYMPTOMS:

Sweating

Trembling

Dizziness

Mood changes

Hunger

Headaches

Blurred Vision

Extreme tiredness/paleness

Other, please specify:

OPTIMUM LEVEL (RANGE) OF BLOOD SUGAR is:

Location of Sugar Treatment WITH STUDENT: OTHER:

WHEN IN DOUBT – TREAT

SELECT ONE TREATMENT, PROVIDED BY PARENT, FROM THE FOLLOWING:

- 4 oz. (125 mL) of fruit juice/drink (junior juice box) OR regular pop (not diet pop) OR
- 2-4 glucose tabs OR
- 2-3 tsp (1-15 mL) of sugar (2-3 packets) OR
- 2-3 tsp. (10 -15 mL) of honey
- OTHER _____



CALL PARENTS TO INFORM THEM

Wait 10 -15 minutes. If there is no improvement, repeat the above treatment.

DO NOT LEAVE THE STUDENT ALONE.

If the student is unconscious, having a seizure or unable to swallow **DO NOT** give food or drink

- *Roll the student on his/her side
- *Call 911
- *Inform parents or guardians