



# EMERGENCY CARE PLAN

*Eden Central School District*

3150 Schoolview Road  
Eden, New York 14057



**Mr. Jeffrey A. Sortisio**  
Superintendent  
(716) 992-3629

**Mrs. Merrie Maxon**  
Director of Pupil Personnel Services  
(716) 992-3645

## DIABETES - HYPERGLYCEMIA

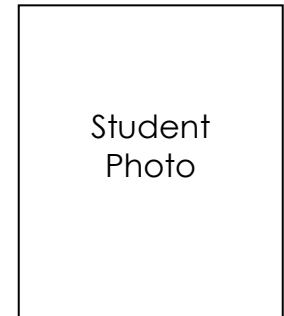
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Contact: \_\_\_\_\_ Documentation: ON FILE ATTACHED  
Mother: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Father: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Gradual Onset
- Extreme thirst, very frequent urination, drowsiness
- Flushed skin, heavy breathing, blurred vision
- Vomiting, fruity or wine-like odor to breathe

### SEVERE SYMPTOMS INCLUDE:

- Stupor
- Unconsciousness



### STAFF MEMBERS INSTRUCTED:

- Administration     Classroom Teacher(s)     Special Area Teacher(s)  
 Support Staff     Transportation Staff

### TREATMENT:

Stay with the student.  
Notify school nurse immediately.  
**Call 911 to access Emergency Medical Services – transport to hospital by ambulance**  
Preferred Hospital if transported: \_\_\_\_\_

**Notify parents/guardian (do not delay treatment by calling – treat or obtain treatment for student first).**

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy provided to Parent

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_