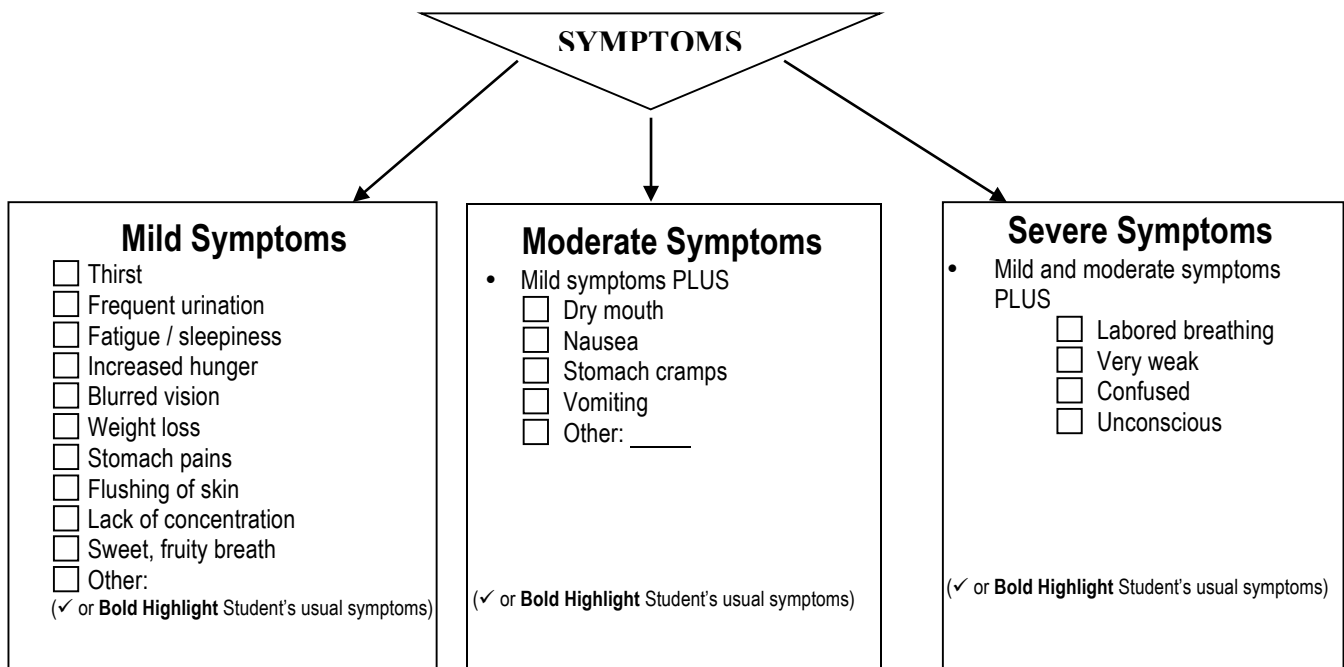
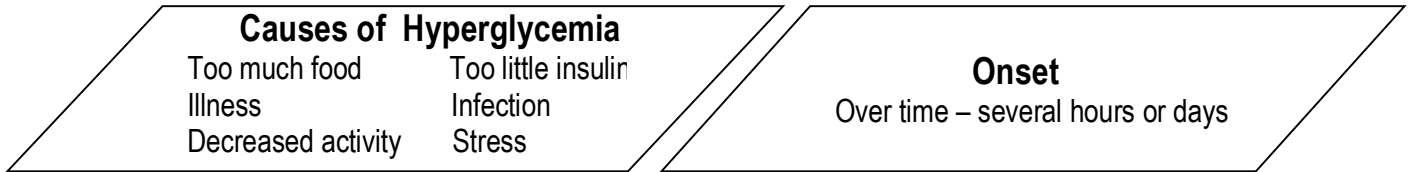


Student Name: _____ ID#: _____ School: _____
 Emergency Contacts: Parent #1 _____ Phones: _____ cell: _____
 Parent #2 _____ Phones: _____ cell: _____



<p>Actions Needed</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Allow free use of bathroom <input checked="" type="checkbox"/> Encourage student to drink water or sugar-free drinks <input type="checkbox"/> Contact the school nurse or trained diabetes personnel to check ketones or administer insulin, per student's Diabetes Management Plan <input checked="" type="checkbox"/> If student is nauseous, vomiting or lethargic, <ul style="list-style-type: none"> • call the parents/guardian OR • call 911 for medical assistance if parent cannot be reached.
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School Nurse Signature: _____ Date: [Click here to enter a date.](#)

Nurse Contact Numbers: _____

Copy given to _____ Date: [Click here to enter a date.](#)