



**HYPOGLYCEMIA (not related to Type I Diabetes)**  
**Health management Plan**  
**SCHOOL YEAR: \_\_\_\_\_**

<b>STUDENT NAME:</b>	<b>DOB:</b>
<b>SCHOOL:</b>	<b>STUDENT ID:</b>

<b>MOTHER:</b>	<b>FATHER:</b>
<b>HOME:</b>	<b>HOME:</b>
<b>WORK:</b>	<b>WORK:</b>
<b>CELL:</b>	<b>CELL:</b>
<b>If parents cannot be reached call:</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Physician:</b>	<b>Phone:</b>
<b>Hospital Preference:</b>	

**BASIC INFORMATION:** Hypoglycemia is a condition in which blood glucose/sugar is lower than it should be (usually below 70). It can be caused by medications, tumors, hyperinsulinemia, liver disease, kidney failure, hormonal deficiencies, genetic disorders, and others.

**Signs/symptoms:**

-Hunger	-Shakiness	-Dizziness	-Behavioral Changes
-Confusion	-Paleness	-Nausea	-Paleness
-Headache	-Sweating	-Slurred speech	-Poor concentration

**STUDENT HISTORY:**

**CURRENT MEDICATIONS:**

**MANAGEMENT AT SCHOOL:** (is individualized; refer to physician orders)

Fast-acting sugar \_\_\_\_\_ (location: \_\_\_\_\_)

Snack of carbohydrate, fat, protein \_\_\_\_\_

Glucagon (see prescription label for details) \_\_\_\_\_ (location: \_\_\_\_\_)

OTHER: \_\_\_\_\_

**CALL 911 IF STUDENT:**

- **Loses consciousness**
- **Has a seizure**
- **Is given glucagon**

*School Clinic: Copy of plan to be provided to Transportation Supervisor*

\_\_\_\_\_  
 PARENT SIGNATURE/DATE

\_\_\_\_\_  
 COUNTY SCHOOL NURSE SIGNATURE/DATE

Information about students and family is strictly confidential.