

Name of Student

Rainy River District Transportation Services Consortium

Diabetes Emergency Treatment- F03

Home Form Teacher				
School	Year	Grade		
Location of Treatment Supplies			_	
Pick-up and Drop-off Bus Route Numbers (If Student is Transported) Transportation Address				
				SYMPTOMS: (To be completed by parent/guardian)
GENERAL COURSE OF ACTION: • At the first sign of low blood g - 4 oz (125 ml) of regular pop - 4 oz (125 ml) of fruit juice (Ju - 2 tsp (10 ml), 2 packets of su - 2 glucose tabs • Wait 10-15 minutes (have the • If there is no improvement, re • DO NOT LEAVE THE STUDENT A • If the student is unconscious, b • Roll the student on his/her sid • Call 911 or emergency medical • Inform parents or guardians:	(not diet pop); OR unior juice box); OR ugar; OR student sit quietly, do not allog peat the treatment. ALONE. having a seizure or unable to so le. I services.	w him/her to walk around). wallow, do not give food or	drink.	
Mother:	or Father:	or Emergency (or Emergency Contact:	
Phone:	Phone:	Phone:		
SPECIFIC COURSE OF ACTION: (To be completed by parent/guardian)				
Signature of parent/guardian		Date		
Distribution: Transportation Officer for	distribution to the school bus o	merator (hus driver and DDD	TS) School (for posting in staff	

Distribution: Transportation Officer for distribution to the school bus operator (bus driver and RRDTS), School (for posting in staff areas).